

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 10, 2005 8:00 am
Secretary of State

05-06-2005 90028 014 ****50.00

DOCUMENT # L04000077548 1. Entity Name RICK KUNKEL PAINTING LLC.																																															
Principal Place of Business 11004 PERICO WAY BRADENTON FL 34209			Mailing Address 11004 PERICO WAY BRADENTON FL 34209																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		4. FEI Number 35-4563599																																											
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable																																											
6. Name and Address of Current Registered Agent KUNKEL, FREDRICK 11004 PERICO WAY BRADENTON FL 34209				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																											
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																															
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 65%; padding: 2px;"> RECEIVED JUL 18 2005 CIU REV/ADM. </td> <td style="width: 10%; padding: 2px;">☐ Delete</td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 10%; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY- ST- ZIP	RECEIVED JUL 18 2005 CIU REV/ADM.	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																															
SIGNATURE: <u><i>Em Kunkel</i></u> 4-29-05 941-932-0940 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																															

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