

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

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90040 026 ****55.00

DOCUMENT # L04000079316

1. Entity Name

Bruce Tatterton Painting LLC



DO NOT WRITE IN THIS SPACE

20043067

2. Principal Place of Business

90 Short Ln.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy Fla

City & State

4. FEI Number

238272915

Applied For

Not Applicable

Zip

32351

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

CR2E083B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Bruce Tatterton

Street Address (P.O. Box Number is Not Acceptable)

90 Short Ln.

City

Quincy

FL

Zip Code

32351

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

Bruce Tatterton Bruce Tetterton

05-01-06

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Amado Roquena Rodriguez
1410 Victory Garden Dr Apt. 193
Tallahassee FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Christopher Shawn Hinton
256 Tommy Trail Rd.
Quincy, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Bruce Wayen Tatterton
90 Short Ln.
Quincy FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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CITY-ST-ZIP

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: Bruce Tatterton Bruce Tetterton

05-01-06

204-5053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #