

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90346 004 \*\*\*\*55.00

**DOCUMENT # L04000080148**

1. Entity Name

CIESZYNSKI PAINTING, LLC.



Principal Place of Business

375 W. BLACKJACK BRANCH WAY  
JACKSONVILLE FL 32259

Mailing Address

375 W. BLACKJACK BRANCH WAY  
JACKSONVILLE FL 32259

2. Principal Place of Business

375 W. Blackjack Branch Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32259

Country

USA

Zip

Country

4. FEI Number

20-1855559

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CIESZYNSKI, JOHN L SR.  
375 W. BLACKJACK BRANCH WAY  
JACKSONVILLE FL 32259

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME CIESZYNSKI, JOHN L SR.  
STREET ADDRESS 375 W. BLACKJACK BRANCH WAY  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Member ☐ Delete  
NAME Stacy Carter  
STREET ADDRESS 375 W. Blackjacket Branch Way  
CITY-ST-ZIP Jacksonville, FL 32259

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

Date

Daytime Phone #

(904) 230-8730  
3-8-05 (904) 994-5139