

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 13, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L04000085154**

1. Entity Name  
**LECHNER PAINTING SERVICES, LLC**



Principal Place of Business  
**4421 BAY BEACH LANE  
SUITE 643  
FT. MYERS BEACH, FL 33931**

Mailing Address  
**4421 BAY BEACH LANE  
SUITE 643  
FT. MYERS BEACH, FL 33931**



01082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2633427**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LECHNER, DOUGLAS  
4421 BAY BEACH LANE  
FT. MYERS BEACH, FL 33931**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LECHNER, DOUGLAS  
4421 BAY BEACH LANE #643  
FT. MYERS BEACH, FL 33931**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U000000826529  
02/21/08-80052-016 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

**2-11-08**

Date

Daytime Phone #