

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90079 003 \*\*\*\*50.00

DOCUMENT # L04000089757

1. Entity Name  
KAT'S FINELINE PAINTING, L.L.C.



Principal Place of Business  
757 E. GORRIE DR APT #2  
ST. GEORGE ISLAND, FL 32328

Mailing Address  
757 E. GORRIE DR APT #2  
ST. GEORGE ISLAND, FL 32328

20041459



2. Principal Place of Business

493 Tip Tucker Road  
Suite, Apt. #, etc.

3. Mailing Address

493 Tip Tucker Road  
Suite, Apt. #, etc.

City & State  
Eastpoint, FL  
Zip 32328 Country

City & State  
Eastpoint, FL  
Zip 32328 Country

04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
05-0618428

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, KATHRYN D  
757 E. GORRIE DR APT #2  
ST. GEORGE ISLAND, FL 32328

7. Name and Address of New Registered Agent

Name

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

493 Tip Tucker Road

City Eastpoint

FL

Zip Code 32328

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

*Kathryn D Ross* Owner

4/06/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME MGRM  
STREET ADDRESS ROSS, KATHRYN D  
CITY-ST-ZIP 757 E. GORRIE DR APT #2  
ST. GEORGE ISLAND, FL 32328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 493 Tip Tucker Road ☒ Change ☐ Addition  
CITY-ST-ZIP Eastpoint, FL 32328

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

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

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

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

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

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:

*Kathryn D Ross* Owner

4/06/06

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

Date

Daytime Phone #