2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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04-28-2006 90019 030 ***150.00

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04282006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000092794

1. Entity Name
TONY'S PAINTING, LLC

Principal Place of Business
~~5812 BEACH DRIVE~~ 8417 HOUSTON ST
~~UNIT B~~ PANAMA CITY BEACH FL
~~PANAMA CITY BEACH, FL 32408~~ 32408

Mailing Address
~~5812 BEACH DRIVE~~ HOUSTON ST
~~UNIT B~~ 8417
PANAMA CITY BEACH, FL 32408

2. Principal Place of Business	3. Mailing Address
HOUSTON ST	HOUSTON ST
Suite, Apt. #, etc. #8417	Suite, Apt. #, etc. 8417
City & State PANAMA CITY BEACH FL	City & State PANAMA CITY BEACH FL
Zip 32408 Country USA	Zip 32408 Country

4. FEI Number
APPLIED FOR
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, ANTONIO CUNHA
~~5812 BEACH DRIVE, UNIT B~~ 8417 HOUSTON ST.
PANAMA CITY BEACH, FL 32408

FEI # 593802759

7. Name and Address of New Registered Agent

Name TONY'S PAINTING LLC
Street Address (P.O. Box Number is Not Acceptable)
8417 HOUSTON ST
City P.C. BEACH FL FL Zip Code 32408

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 ANTONIO SILVA [signature] 05 31 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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SILVA, ANTONIO CUNHA ~~5812 BEACH DRIVE, UNIT B~~ 8417 HOUSTON ST PANAMA CITY BEACH, FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 05 31 06 (850) 855 0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #