


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 11 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
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| DOCUMENT # L05000005118 |  |
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1. Entity Name
ROGERS PAINTING LLC

Principal Place of Business
221 COVINGTON AVE #145
THOMASVILLE, GA 31792

Mailing Address
221 COVINGTON AVE #145
THOMASVILLE, GA 31792



| | |
|---|---------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 2180 portsmouth | 3. Mailing Address 2180 portsmouth |
| Suite, Apt. #, etc. Circle | Suite, Apt. #, etc. Circle |

04112007 Chg-LLC CR2E083 (12/06)

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|---------------------------------|---------------------------------|
| City & State Tallahassee, FL | City & State Tallahassee, FL |
| Zip 32311 | Zip 32311 |
| Country | Country |

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|-----------------------------|-------------------------------|
| 4. FEI Number 74-3156776 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

ROGERS, EDWARD L
1000 N. RAILROAD ST
MONTICELLO, FL 32344

7. Name and Address of New Registered Agent

| |
|--|
| Name Edward Rogers |
| Street Address (P.O. Box Number is Not Acceptable) 2180 portsmouth circle |
| City Tallahassee |
| FL Zip Code 32311 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROGERS, EDWARD L 221 COVINGTON AVE #145 THOMASVILLE, GA 31792 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Edward Rogers 2180 portsmouth circle Tallahassee, FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

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|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600097297516 04/18/07--01013--005 **\$50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Edward Rogers

4-11-07

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

Date

Daytime Phone #