## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 09, 2007 8:00 am Secretary of State 07-09-2007 90112 016 \*\*\*\*50.00

DOCUMENT # L05000005914  1. Entity Name ISLAND PAINTING & PRESSURE CLEANING LLC						07-09-2007	90112 010	6 ****50	1.00
Principal Plac 33 BUTTONV KEY LARGO,	VOOD DR	Mailing Address 33 BUTTONWOOD DR KEY LARGO, FL 33037	US			123835			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	1578	>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		06	112007	Chg-LLC	CR2E08	33 (12/06)	
City & Stat	e	City & State Key Lar	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<b>4.</b> F	El Numbe 65-1	023661	··-···	<u> </u>	oplied For ot Applicable
Zip	Country	Zip 3037	Country USA	5. (	Certificate of	of Status Desired		5.00 Add	
	6. Name and Address of Current F	legistered Agent		7. N	lame and	Address of New I	Registered A	gent	
33 BUTTO	E, EVEREST SR NWOOD DR GO, FL 33037		Street A	ddress (P.O. B	Sox Numbe	r is Not Acceptab	le)		
			City				FL	Zip Cod	e
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office of	r registered ag	ent, or both	n, in the State of Fi		amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable (NOTE R	egistered Agent signal	ure required when re	einstation)	-	DATE		
Filing Fee is \$50.00 Due by September 14, 2007									
				are required whome			ke check pa la Departme		0
			10.			Florid	ke check pa		9
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM BAPTISTE, EVEREST SR 33 BUTTONWOOD DR		10. TITLE NAME STREET ADDRESS			Florid	ke check pa la Departme		<b>e</b> □ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM BAPTISTE, EVEREST SR 33 BUTTONWOOD DR KEY LARGO, FL 33037	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP			Florid	ke check pa la Departme	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 eath; 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

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Daytime Phone #