

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90041 042 ****50.00

DOCUMENT # L05000008544

1. Entity Name

HOWARD ANDERSON PAINTING, LLC



Principal Place of Business

9998 LAKE GEORGIA DRIVE
ORLANDO FL 32817

Mailing Address

9998 LAKE GEORGIA DRIVE
ORLANDO FL 32817



2. Principal Place of Business

9998 Lake Georgia Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

Orlando FL

City & State

Orlando FL

4. FEL Number

333-92-1195

Applied For

Not Applicable

Zip

32817

Country

Orange

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ANDERSON, HOWARD R
9998 LAKE GEORGIA DRIVE
ORLANDO FL 32817 ☐ Delete

TITLE
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CITY - ST - ZIP
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10. ADDITIONS / CHANGES

TITLE
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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:

Howard R. Anderson

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

Date

Daytime Phone #