2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000014249

1. Entity Name
PJ PAINTING & CLEANING, LLC

Principal Place of Business	Mailing Address
179 NORTH LAKE COURT KISSIMMEE, FL 34743	179 NORTH LAKE COURT KISSIMMEE, FL 34743

04252007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2312640
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHANNA, SULZONA
179 NORTH LAKE CT.
KISSIMMEE, FL 34743

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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: Johanna Sulzona 5/24/07
Signature, type 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, 2007

U00000771371
08/03/07-80004-097 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SULZONA, JOHANNA
STREET ADDRESS	179 NORTH LAKE COURT
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	MGRM
NAME	SULZONA, PETER
STREET ADDRESS	179 NORTH LAKE COURT
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Johanna Sulzona 5/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #