

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90044 036 ****50.00

DOCUMENT # L05000018976

1. Entity Name
JOHNSON'S PAINTING SERVICES, LLC.



Principal Place of Business
2715 NE 22ND COURT
OCALA, FL 34470 US

Mailing Address
2715 NE 22ND COURT
OCALA, FL 34470 US

00010010



2. Principal Place of Business - No P.O. Box #
123 Willow Road
Suite, Apt. #, etc.

3. Mailing Address
123 Willow Road
Suite, Apt. #, etc.

02112007 Chg-LLC CR2E083 (12/06)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
33-1112815

Applied For
Not Applicable

Zip Country
34472 - US

Zip Country
34472 US

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

6. Name and Address of Current Registered Agent

ODOM, DANNY R
1909 NE 52ND STREET
OCALA, FL 34479

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JOHNSON, WILLIAM T
STREET ADDRESS 2715 NE 22ND COURT
CITY-ST-ZIP Ocala, FL 34470 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Johnson, William T.
STREET ADDRESS 123 Willow Rd.
CITY-ST-ZIP Ocala, FL 34472

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: William T. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/07 (352) 207-1000
Date Daytime Phone #