

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018992

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** BILL'S PAINTING OF POLK COUNTY, LLC

**Current Principal Place of Business:**

4145 LEMON AVE.  
HIGHLAND CITY, FL 33846

**New Principal Place of Business:**

4145 LEMON AVE.  
HIGHLAND CITY, FL 33846 US

**Current Mailing Address:**

PO BOX 817  
HIGHLAND CITY, FL 33846

**New Mailing Address:**

PO BOX 817  
HIGHLAND CITY, FL 33846 US

**FEI Number:** 20-2667146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FULKERSON, WILLIAM  
4145 LEMON AVE.  
HIGHLAND, FL 33846 US

**Name and Address of New Registered Agent:**

FULKERSON, WILLIAM K OWNER  
4145 LEMON AVE.  
HIGHLAND CITY, FL 33846 US

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.

SIGNATURE: WILLIAM FULKERSON

04/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: OWNE  
Name: FULKERSON, WILLIAM K OWNER  
Address: 4145 LEMON AVE.  
City-St-Zip: HIGHLAND CITY, FL 33846 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 FULKERSON

OWNE

04/04/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date