

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025531

Entity Name: FAMILY PAINTING. LLC

FILED  
Apr 15, 2008  
Secretary of State

**Current Principal Place of Business:**

10548 DEAD END ROAD  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

10548 DEAD END ROAD  
MILTON, FL 32570 US

**New Mailing Address:**

FEI Number: 26-0109189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SCOTT, KIM KELLY  
10548 DEAD END ROAD  
MILTON, FL 32570 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCOTT, KIM KELLY  
Address: 10548 DEAD END ROAD  
City-St-Zip: MILTON, FL 325706 US

Title: MGRM ( ) Delete  
Name: SCOTT, LLOYD E  
Address: 10548 DEAD END RD  
City-St-Zip: MILTON, FL 32570 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KIM KELLY SCOTT

MGR

04/15/2008

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