2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000028495

JORDAN PAINTING, LLC



Principal Place of Business

2980 RANCHETTE SQUARE GULF BREEZE, FL 32561

Mailing Address

2980 RANCHETTE SQUARE

GULF BREEZE, FL 32561 US

FILED Aug 18, 2008 08:00 AM Secretary of State



 \Box

08102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 41-9767465

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, HOWARD **6821 GONZO RD** PANSACOLA, FL 32526

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for tions of registered agent. | the purpose of ch | anging its registere | d office or registered agent, or bo | oth, in the State of Florida. I am familiar wit | h, and accept |
|----------------|---|------------------------------|---|--|---|---------------|
| SIGNATURE. | | | | • | | |
| | Signature, typed or printed name of registered agent a | nd title if applicable. | (NOTE: Plogistered | Agent signature required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$138.75 by September 12, 2008 | In accordar liability con | nce with s. 607.1: npany did not rec | 93(2)(b), F.S., the limited eive the prior notice. | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | | | | |
| TITLE | MGRM | | | | | |
| NAME | JORDAN, HOWARD A | | | | | |
| STREET ADDRESS | 2980 RANCHETTE SQUARE | | | | | |
| CITY-ST-ZIP | GULF BREEZE, FL 32561 | | | | U00000957938 | |
| TITLE | | | | | 00000000000000000000000000000000000000 | 100 75 |

08/18/08-80009-008 138,75

DO NOT WRITE IN THIS SPACE

| NAME | i | 114 11110 | PROL |
|----------------|---|-----------|------|
| STREET ADDRESS | | | • |
| CITY-ST-ZIP | | ł . | |
| TITLE | | 1 | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | · |
| TITLE | | 1 | |
| NAME | | | |
| 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITI F

R, OR AUTHORIZED REPRESENTATIVE