2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 17, 2006 8:00 am
Secretary of State
08-03-2006 90073 023 ****50.00

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2nd MOORE CR2E083 (4/06)

DOCUMENT # L05000035281

1. Entity Name
GREG SALVIA PAINTING, LLC

Principal Place of Business	Mailing Address
2440 PINE TREE ACRES LN. DELTONA FL 32738 US	2440 PINE TREE ACRES LN. DELTONA FL 32738 US

2. Principal Place of Business		3. Mailing Address	
2440 Pine tree Acres Ln.		2440 Pine tree Acres Ln.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Deltona		City & State: Deltona, FL.	
Zip: 32738	Country: USA	Zip: 32738	Country: USA

4. FEI Number: 77-0661167 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALVIA, GREGORY P
2440 PINE TREE ACRES LN.
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name: Greg Salvia
Street Address (P.O. Box Number is Not Acceptable): 2440 Pine tree Acres LN.
City: Deltona FL Zip Code: 32738

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 ______ DATE 7/31/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Greg Salvia		NAME		
STREET ADDRESS	2440 Pine tree Acres Ln.		STREET ADDRESS		
CITY-ST-ZIP	Deltona FL. 32738		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ______ 8/14/06 (386) 216-5623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #