LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/28/2006-90109-007-$55.00-$55.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:00

DOCUMENT # L05000047642

1. Entity Name
LION KING PAINTING LLC.

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FU053652

CR2E083B (8/05)

2. Principal Place of Business	3. Mailing Address
1181 South Sumter Blvd	1181 South Sumter Blvd
Suite, Apt. #, etc.: 233	Suite, Apt. #, etc.: 233
City & State: North Port FL	City & State: North Port FL
Zip: 34287 Country: USA	Zip: 34287 Country: USA

4. FEI Number: 20-2842588 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Business Filings Incorporated.
Street Address (P.O. Box Number is Not Acceptable)
PHONE # (800) 9817183
1203 Governors Square Blvd. Suite 101
City: Tallahassee FL Zip Code: 32301-2960

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
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	President
NAME	CARLOS LEON
STREET ADDRESS	18443 ROBINSON AVE.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	Vice President
NAME	GUSTAVO ORTIZ
STREET ADDRESS	5433 BURGNER CT.
CITY-ST-ZIP	Port Charlotte, FL 33981
TITLE	Secretary
NAME	GEOVINE CORONEL
STREET ADDRESS	507 65TH AVE. DR. West
CITY-ST-ZIP	Bradenton, FL 34207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carlos Leon 8/21/06 (941) 6264378 cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #