


**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

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05-10-2007 90421 023 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L05000047897 1. Entity Name D N R PAINTING, LLC	
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Principal Place of Business 6939 E SHADY NOOK CT FLORAL CITY, FL 34436 US	Mailing Address 6939 E SHADY NOOK CT FLORAL CITY, FL 34436 US
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30010652



03232007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2833188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

USACCOUNTING OFFICE, INC  
 4815 E BUSCH BLVD  
 SUITE 113  
 TAMPA, FL 33617

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUHONEN, DENNIS 6939 E SHADY NOOK CT FLORAL CITY, FL 34436
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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: *Dennis Muhonen* *6-12-07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #