## May 04, 2006 8:00 am Secretary of State 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT 05-04-2006 90020 021 \*\*\*\*50.00 **DOCUMENT # L05000050145** D & K PAINT AND TRIM, LLC Mailing Address Principal Place of Business 495 N-OAK-AVE 495 N OAK AVE BARTOW, FL 33830\_ BARTOW, FL 33830 3. Mailing Address 105 Spurlin Court Suite, Apt. #, etc. 2. Principal Place of Business 105 Spuring (Suite, Apt. #, etc. 04202006 Chg-LLC CR2E083 (11/05) 4. EEI Number 3806091 City & State Applied For City & State winter ven Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARBER, DAVID Street Address (P.O. Box Number is Not Acceptable) 495 N OAK AVE-BARTOW, FL -33830 Haven 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 reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. resident MGRM TITLE TITLE ☐ Delete 🔀 Change ■ Addition Barber, David 105 Spurlin Court NAME BARBER, DAVID NAME STREET ADORESS 495 N OAK AVE STREET ADORESS Winter Haven, FL 33880 CITY-ST-ZIP CITY-ST-ZIP BARTOW, FL 33830 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-\$T-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI C Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

5-100

FILED

Daytime Phone #

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L05000050143

	MENT # L05000050	145					
1. Entity Name D & K PAI	EINT AND TRIM, LLC				ATTA	CHMENT	
Principal Place 495 N OAK A BARTOW, FL	WE	Mailing Address 495 N OAK AVE BARTOW, FL 33830				0036/30	)
2. Principal P 105 S Suite, Apt.	Purlin Court	3. Mailing Address 1055Purly Suite, Apt. #, etc.	n Court	-	04202006 Chg-LLC	CR2E083 (11/05)	
City & State Winte	rHaven, FL	Gity & State Winter Hay	Country		4. FEI Number 59-38060	91 A	pplied For ot Applicable ditional
328	6. Name and Address of Current	Registered Agent	USA Name		7. Name and Address of New	Fee Require	ed
BARBER, I <del>495 N OAF</del> <del>BARTOW,</del>			Street A	ddress (I	O. Box Number is Not Acceptal	ple)	
the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	egistered office or	n <del>ter</del>	Haven ed agent, or both, in the State of I	FL Zio Coo	<u> 3885</u>
SIGNATURE .	Signature typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signate	ure required	when reinstating)	DATE	
	ling Feø is \$50.00 ue by May 1, 2006				N .	ake check payable to da Department of Stat	te
9	MANAGING MEMBE		10.		Sidon le	S/CHANGES	
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