


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90031 022 \*\*\*\*50.00

<b>DOCUMENT #</b> 105000055452	
<b>1. Entity Name</b> On Call Painting, LLC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3488 SE County Road 245 Suite, Apt. #, etc.	<b>3. Mailing Address</b> Same Suite, Apt. #, etc.
<b>City &amp; State</b> Lake City, Florida	<b>City &amp; State</b>
<b>Zip</b> 32025	<b>Country</b> US

<b>4. FEI Number</b> 20-3109162	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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**7. Name and Address of Current Registered Agent**

<b>Name</b> Jose Diaz
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
3488 SE County Road 245
<b>City</b> Lake City
<b>FL</b> <b>Zip Code</b> 32025

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable **DATE** \_\_\_\_\_

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Jose Diaz 3488 SE County Road 245 Lake City, Florida 32025	<b>TITLE</b> 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:**  **04-10-07 386-697-6206**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #