## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # L05000061125** 05-01-2006 90063 045 \*\*\*\*50 00 HARRY TIGUE'S PAINTING, LLC Principal Place of Business Mailing Address 7367 NUNN BLVD 7367 NUNN BLVD BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01182006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 51-0548294 Not Applicable Zip Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TIGUE, HARRY L III À, Street Address (P.O. Box Number is Not Acceptable) 7367 NUNN BLVD BROOKSVILLE, FL 34601 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR \_\_\_ Addition ☐ Delete TITLE Change TIGUE, HARRY L III NAME NAME 7367 NUNN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34601 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE 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.

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**