

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90209 030 ****50.00

DOCUMENT # L05000061220

1. Entity Name

JERRY RUTHERFORD PAINTING LLC



Principal Place of Business

222 INDUSTRIAL BLVD.
SUITE 189
NAPLES FL 34104
US

Mailing Address

P. O. BOX 9911
NAPLES FL 34101
US

2. Principal Place of Business

2023 Harbor Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9911

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)



City & State

Naples FL

Zip
34104

Country

Collier

City & State

Naples, FL

Zip
34101

Country

Collier

4. FEI Number

267-50-0015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUTHERFORD, JERRY D SR.
222 INDUSTRIAL BLVD
SUITE 189
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name Jerry D. Rutherford, Sr
Street Address (P.O. Box Number is Not Acceptable)
2023 Harbor Lane

City

Naples

FL

Zip Code

34104

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME RUTHERFORD, JERRY D SR
STREET ADDRESS 2023 HARBOR LANE
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

Jerry D. Rutherford, Sr Jerry D. Rutherford, Sr 4/23/06 (239) 825-0145