

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90011 024 \*\*\*\*50.00

**DOCUMENT # L05000064984**



1. Entity Name  
**SMYRNIOS PAINTING LLC**

Principal Place of Business  
 588 E. ROBERTS AMAN RD.  
 PERRY, FL 32347

Mailing Address  
 588 E. ROBERTS AMAN RD.  
 PERRY, FL 32347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



02022006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**38-3722 858**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMYRNIOS, GUS**  
 588 E. ROBERTS AMAN RD.  
 PERRY, FL 32347

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE \_\_\_\_\_  Delete  
 NAME **MGRM**  
**SMYRNIOS, GUS**  
 STREET ADDRESS **588 E. ROBERTS AMAN RD.**  
 CITY-ST-ZIP **PERRY, FL 32347**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME **MGRM**  
**SMYRNIOS, MANUEL**  
 STREET ADDRESS **124 JUDSON DR.**  
 CITY-ST-ZIP **PERRY, FL 32348**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
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TITLE \_\_\_\_\_  Change  Addition  
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 STREET ADDRESS \_\_\_\_\_  
 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.

**SIGNATURE:** *Gus Smyrnios*

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

**03-24-06** (850) ~~609~~ <sup>672</sup> ~~09908~~

Date

Daytime Phone #