

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000065649

FILED
Dec 01, 2006
Secretary of State

Entity Name: R & R PAINTING-DRYWALL, LLC

Current Principal Place of Business:

3220 W. GONZALES ST
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 4597
PENSACOLA, FL 32507 US

New Mailing Address:

FEI Number: 20-3098922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, CHARLES T
3220 W. GONZALES ST
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICHARDS, CHARLES T
Address: P.O. BOX 4597
City-St-Zip: PENSACOLA, FL 32507 US

Title: MGM () Delete
Name: VANEKEN, JOSEPH
Address: 7421 NORTH POINT BLVD
City-St-Zip: PENSACOLA, FL 32505 US

Title: MGM (X) Delete
Name: ENFINGER, MARLIN
Address: 4251 LOIS DR
City-St-Zip: PACE, FL 32571 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGM (X) Change () Addition
Name: ENFINGER, MARLIN
Address: 4251 LOIS DR
City-St-Zip: PACE, FL 32571 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES T RICHARDS

MGRM

12/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date