

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068231

FILED
Jul 18, 2006
Secretary of State

Entity Name: SMITH RANIERI PAINTING LLC

Current Principal Place of Business:

75 HARVARD ST
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

PO BOX 848
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 73-1735607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, JASON H
13466 DARNELL AV
PT CHARLOTTE, FL 34981 US

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: MGR () Delete
Name: SMITH, JASON H
Address: 13466 DARNELL AV
City-St-Zip: PT CHARLOTTE, FL 34981

Title: MGRM () Delete
Name: RANIERI, RAY
Address: 75 HARVARD ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: LOU, ANNE SMITH
Address: 13466 DARNELL AVE
City-St-Zip: PORT CHARLOTTE, FL 33981

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: JASON H SMITH

MGR

07/18/2006

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