

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000069563

FILED
Apr 04, 2006
Secretary of State**Entity Name:** HACIENDA PAINTING LLC**Current Principal Place of Business:**3860 GREENWAY DRIVE
803
SARASOTA, FL 34232**New Principal Place of Business:****Current Mailing Address:**3860 GREENWAY DRIVE
803
SARASOTA, FL 34232**New Mailing Address:****FEI Number:** 20-3149406**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RODRIGUEZ, JOSE D
3860 GREENWAY DRIVE
803
SARASOTA, FL 34232 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: RODRIGUEZ, JOSE D
Address: 3860 GREENWAY DRIVE APT 803
City-St-Zip: SARASOTA, FL 34232**Title:** MGRM () Delete
Name: HERNANDEZ, ADRIAN
Address: 3860 GREENWAY DRIVE APT 803
City-St-Zip: SARASOTA, FL 34232**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: SANCHEZ, JOSE V
Address: 3860 GREENWAY DRIVE APT 803
City-St-Zip: SARASOTA, FL 34232

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: JOSE D RODRIGUEZ

MGRM

04/04/2006

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