

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-01-2006 90225 007 ****50.00

DOCUMENT # L05000075384			
Entity Name REHOUSE RED PAINTING, LLC			
Principal Place of Business 110 OCEAN HIBISCUS DRIVE ST. AUGUSTINE, FL 32080		Mailing Address 110 OCEAN HIBISCUS DRIVE ST. AUGUSTINE, FL 32080	
2. Principal Place of Business 466 Linda Court		3. Mailing Address 466 Linda Court	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State St Augustine, FL		City & State St Augustine	
Zip 32086		Zip 32086	
Country Country		Country Country	
4. FEI Number 030566698		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent 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)			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SELLERS, G. DAVID 110 OCEAN HIBISCUS DRIVE ST. AUGUSTINE, FL 32080	TITLE NAME STREET ADDRESS CITY-ST-ZIP	466 Linda Court St Augustine FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELLERS, GRETCHEN D 110 OCEAN HIBISCUS DRIVE ST. AUGUSTINE, FL 32080	TITLE NAME STREET ADDRESS CITY-ST-ZIP	466 Linda Court St Augustine, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, ROBERT L 110 OCEAN HIBISCUS DRIVE ST. AUGUSTINE, FL 32080	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNS, LORRAINE L 110 OCEAN HIBISCUS DRIVE ST. AUGUSTINE, FL 32080	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <i>Gretchen Sellers</i>		Date: 2/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	