

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90027 002 \*\*\*\*50.00

**DOCUMENT # L05000075437**

1. Entity Name

**A. R. PAINTING & TILE, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3535 NE 42nd PLACE**

Suite, Apt. #, etc

3. Mailing Address

Suite, Apt. #, etc.

**20004266**

DO NOT WRITE IN THIS SPACE

City & State

**OCALA, FL**

City & State

4. FEI Number

**20-3236658**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34479**

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

**MANAGER**

**1/15/2006**

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MANAGER  
ALBERTO L. ROSARIO  
3535 NE 42nd PLACE  
OCALA, FL 34479**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**MANAGER**

**1/15/2006**

**352.732.8599**

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

Date

Daytime Phone #

CFR2003B (12/02)