


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90007 012 ****50.00

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|---|---|---------------------------|---|--|--|
| DOCUMENT # L05000077716 | | | |  | |
| 1. Entity Name RATTLESNAKE PAINTING LLC | | | | | |
| Principal Place of Business 511 NEWCASTLE DR FT WALTON BEACH, FL 32547 | | | Mailing Address 511 NEWCASTLE DR FT WALTON BEACH, FL 32547 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country OKLAHOMA | Zip | Country OKLAHOMA | 4. FEI Number 203266279 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BAXLEY, SHERRY L 217 PAGE BACON RD SUITE 4 MARY ESTHER, FL 32569 | | | | 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 <u>John A. Courtney</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>August 30, 2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COURTNEY, JOHN A 511 NEWCASTLE DRIVE FT WALTON BEACH, FL 32547 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LANGE, WANDA S 307 HARRIS RD FT WALTON BEACH, FL 32547 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Delete | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Delete | |
| 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: <u>John A. Courtney</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | DATE <u>August 30, 2006</u> <small>Date</small> | |
| <small>Daytime Phone #</small> | | | | | |