

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90136 024 ****50.00

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 - No P.O. Box #

511 NEWCASTLE DR.

3. Mailing Address

511 NEWCASTLE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

Fort Walton Bch FL

City & State

Fort Walton Bch FL

4. FEI Number

20-3266279

Applied For

Not Applicable

Zip

32547

Country

OKKALUSA

Zip

32547

Country

OKKALUSA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAXLEY, SHERRY L
217 PAGE BACON RD
SUITE 4
MARY ESTHER FL 32569**

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)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **COURTNEY, JOHN A**
STREET ADDRESS **511 NEWCASTLE DRIVE**
CITY- ST- ZIP **FT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE **MGRM** ☐ Delete
NAME **LANGE, WANDA S**
STREET ADDRESS **307 HARRIS RD**
CITY- ST- ZIP **FT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY- ST- ZIP ☐ Change ☐ Addition

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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:

John A. Courtney

JUNE 18 2007

(850) 865-1897

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

Date

Daytime Phone #