2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90209 019 ****55.00

DOCUMENT # L05000078817

1. Entity Name

PAINTING BY PHIL, LLC

Principal Place of Business
~~3370 E US 27~~ 4899 NE CR 354
MAYO FL 32066

Mailing Address
~~3370 E US 27~~ 4899 NE CR 354
MAYO FL 32066

2. Principal Place of Business
4899 NE CR 354

3. Mailing Address

~~Suite, Apt. #, etc.~~

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State
Mayo FL

City & State

Zip
32066

Country
Lafayette

Zip

Country

EIN

4. FEI Number
22-3916184

☑ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, FELIPE D
3370 E US 27
MAYO FL 32066

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 Felipe Gonzalez 3/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, FELIPE D	NAME	
STREET ADDRESS	3370 E US 27	STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	CITY-ST-ZIP	
TITLE	MGRM SG 2-21-06 ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, SHIRLEY	NAME	
STREET ADDRESS	3370 E US 27	STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

No Longer with Business Divorced

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Felipe Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #