## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

## **DOCUMENT # L05000087752**

1. Entity Name R PAINTING LLC

**FILED** Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business 8963 SONORA RD POLK CITY, FL 33868

Mailing Address

8963 SONORA RD POLK CITY, FL 33868



03302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3420319 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

RODRIGUEZ, NELSON 8963 SONORA RD POLK CITY, FL 33868		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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registored Agont algrature required when reinstating)  DATE
F	lling Fee Is \$50.00 ue by May 1, 2007	U00000688539 04/10/07-80086-017 55.00
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	MANAGING MEMBERS/MANAGERS MGRM RODRIGUEZ, NELSON 8963 SONORA RD POLK CITY, FL 33868	DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS		

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.

Daytime Phone #