2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000087904



FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90036 039 ****50.00

1. Entity Name CAPERS PAINTING LLC								03 02 2000	20020 0.	55 50	.00
Principal Place of Business Mailing Address											
2395 FRANK SMITH ROAD QUINCY, FL 32352			2395 FRANK SMITH ROAD QUINCY, FL 32352			.	20042886				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				0214200	6 Chg-LLC	CR2E	E 08 3 (11/05)	
City & State			City & State	:		4. FEI Number			Applied For Not Applicable		
Zip Country		Zip Coun		У	5. Certificate of Status Desire			Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					Agent '	
CAPERS, LONNIE 2395 FRANK SMITH ROAD						ldress (F	(P.O. Box Number is Not Acceptable)				
QUINCY, F	FL 32352			-							
			i		City				F	L Zip Coo	de
	named entitions of regist		the purpose of changing its re	egistere	d office and	register	ed agent, or	both, in the State of			, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	"MG EM O title if applicable. (NOTE:	and stered	Agent signature	e required	when reightating)	· · · · · · · · · · · · · · · · · · ·	DATE	8-06	
Filing Fee is \$50.00 Due by May 1, 2006											
										payable to ment of Sta	te
			RS/MANAGERS	10.		#1.#		Flori		ment of Sta	te
9. TITLE	MGRM	y 1, 2006 MANAGING MEMBER	RS/MANAGERS	LITLE	I .	11.0		Flori	da Depart	ment of Sta	te
9. TITLE NAME	MGRM CAPERS	y 1, 2006 MANAGING MEMBER , LONNIE R	····	TITLE NAME	:	***		Flori	da Depart	ment of Sta	
9. TITLE	MGRM CAPERS 2395 FRA	y 1, 2006 MANAGING MEMBER	····	TITLE NAME STREE	I .			Flori	da Depart	ment of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM CAPERS 2395 FRA QUINCY,	MANAGING MEMBER , LONNIE R ANK SMITH ROAD	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP			Flori	da Depart	ment of Sta	
9, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM CAPERS 2395 FRA QUINCY,	MANAGING MEMBER , LONNIE R ANK SMITH ROAD FL 32352	☐ Delete	TITLE NAME STREE GITY TITLE NAME	T ADDRESS ST-ZIP			ADDITION	da Depart	ment of Sta	Addition
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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: LONINI ANDIS - JOHN CUPLED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE