

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089079

Entity Name: FAUX KING PAINTERS, LLC

FILED  
May 11, 2007  
Secretary of State

**Current Principal Place of Business:**

206 RIVERBEND COURT  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

206 RIVERBEND COURT  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 76-0802304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

REINHARDT, ERIC C  
13340 W. COLONIAL DRIVE #220  
WINTER GARDEN, FL 34787      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DOTTORE, LISA  
Address: 206 RIVERBEND COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM      ( ) Delete  
Name: PACHOLSKI, JOSEPH  
Address: 206 RIVERBEND COURT  
City-St-Zip: LONGWOOD, FL 34787

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA DOTTORE

MGRM

05/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date