2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) = DUE BY MAY 1, 2008

DOCUMENT # L05000094734

1. Entity Name

SIGNATURE:

TED WILLIAMS PAINTING L.L.C.



FILED Apr 14, 2008 08:00 All Secretary of State

Daytina Pilone #

ILD WILL		WYTHIA E.E.O.								
Principal Prace of Susiness			Mailing Address			-				
1858 PINE TREE DR. EDGEWATER FL 32141			1858 PINE TREE DR. EDGEWATER FL 32141			·				
2. Principai P	Place of Busin	iess - No P.O. Box #	3. Mailing Address			! 	14811811 BIL BBIR) BIII) BBIII RRII		JI B II I PAGO IIIII B II	868 / 1 8 8
Suite, Apt.	#. etc	THE WALL BUT THE THE THE	Suite, Apt. #, etc.	Suite, Apt. #, etc.			st MOORE	CR2E083	(10/07)	
City & Stat	e		City & State	City & State			38-372808	3		oplied For of Applicable
Zip		Country	Zip	Zip Country		5. Certifica	ere of Status Desired		\$5.00 Add	
6. Name and Address of Current Registered Agent						7. Name a	nd Address of New I	Registered /	Agent	
WILLIAMS, THEODORE W 1858 PINE TREE DR. EDGEWATER FL 32141					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
LUC	ALL V V / L	(1 4 32 141								
					City			FL	Zip Cedi	e
	named entity ions of regist		for the purpose of changing	its register	ed office or register	ed agent, or	both, in the State of Fl	orida. Lam	familiar with,	and accept
SIGNATURE Signature hyperbolic contect have of logistered agent and title 1 applicable (NOTE Registered Agent's grature required								CATE		
After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State									, •	
9.		BAANIACINIA BACEA	BERS/MANAGERS	10.			ADDITIONS	CHANCEC		
TITLE	MGRM	WANAGING WEW	Delete	TITI.			ADDITIONS	CHANGES	☐ Change	Addition
NAME		THEODORE W	Land DOUGHS	NAV			Limonomo	vo o o en mala	onange	
	1858 PINE TREE DR. STR				EET ADDPESS		U00000 -04/25/08	1695571 -80013-1	007-138	. 75
CITY-ST-ZIP	EDGEWATER FL 32141				r-ST-Z:P		20 18 Sec. 202			
THE			☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS				NAM STRI	FET ADDRESS					
CITY-ST-ZIP					/-Sĭ-Z:P					
THEE			☐ Delete	TITL	Ł				Change	Addition
NAME				NAM	1E .	_				į
STREET ADDRESS CITY-ST-ZIP				1	EET ABDRESS (-ST-7:P					
TITLE			☐ Delete	TITL	E			•••	☐ Change	Addition
NAME	1			RAV	AE					
STREET ADDRESS				1	ELT AUDRESS					
CITY-SI-ZIP					r-Si-ZiP					
TITLE			☐ Delete	TITL					Change	Addition
NAME STREET ADDRESS	NAMI SS				EET ADDRESS					
CITY-ST ZIP					/-ST-ZiP					
TITLE	TLE Delete TITE				F		•	•	☐ Change	Addition
NAME				NAME						
				EET ADDRESS					İ	
CITY-ST-ZIP			** - ** *** *** *** *** *** *** *** ***		r-ST-ZiP					,
indicated indicated limited ha	certify that the on this repo- ibility compar	e information supplied virtus true and accurate a ny or the receiver or true	with this filing does not qualif and that my signature shall hi stee empowered to execute)	y for the ea a e the sai his report a	xemptions contained me legal effect as if as required by Chap	a in Section finiade unide: oter 608, Flori	i i ia, Florida Statutes. r oath; that I am a ina ida Statutes.	i further cer inaging mer	niy that the in niber or mana	nicrmation ager of the

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE