

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90104 007 \*\*\*\*55.00

20047034



<b>DOCUMENT # L05000097691</b> 1. Entity Name <b>PERFECTION PAINTING, LLC</b>					
Principal Place of Business <b>1238 SW MARMORE AVENUE PORT ST. LUCIE, FL 34953</b>			Mailing Address <b>1238 SW MARMORE AVENUE PORT ST. LUCIE, FL 34953</b>		
2. Principal Place of Business <i>1238 SW Marmore Ave</i> Suite, Apt. #, etc.		3. Mailing Address <i>1238 SW Marmore Ave</i> Suite, Apt. #, etc.		07022006 Chg-LLC CR2E083 (11/05)	
City & State <i>Port St. Lucie, FL</i> Zip <i>34953</i>		City & State <i>Port St. Lucie, FL</i> Zip <i>34953</i>		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COLLUM, DEREK 1238 SW MARMORE AVENUE PORT ST. LUCIE, FL 34953</b>				7. Name and Address of New Registered Agent Name <i>Derek Collum/Perfection Painting LLC</i> Street Address (P.O. Box Number is Not Acceptable) <i>1238 SW Marmore Ave</i> City <i>PSC</i> FL <i>34953</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>7-3-06</b>	
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLUM, DEREK 1238 SW MARMORE AVENUE PORT ST. LUCIE, FL 34953			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <b>7-2-06</b>	