

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097972

Entity Name: MJM PAINTING LLC

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

8100 SE CAMELLIA DRIVE  
HOBE SOUND, FL 33455

## New Principal Place of Business:

## Current Mailing Address:

8100 SE CAMELLIA DRIVE  
HOBE SOUND, FL 33455

## New Mailing Address:

FEI Number: 02-0759148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCARDLE, MICHAEL J  
8100 SE CAMELLIA DRIVE  
HOBE SOUND, FL 33455 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: MGR ( ) Delete  
Name: MCARDLE, MICHEAL J MGR  
Address: 8100 S.E. CAMEILLA DR  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: MGRM ( ) Delete  
Name: MCARDLE, KYLA F MGRM  
Address: 8100 S.E. CAMELLIA DR.  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: MGRM ( ) Delete  
Name: PITMEN, NEIL MGRM  
Address: 4410 N.E. INDIAN RIVER DR.  
City-St-Zip: JENSEN BCH., FL 34957 US

Title: MGRM ( ) Delete  
Name: MCARDLE, MATT J  
Address: 8089 S.E.CAMELLIA DR.  
City-St-Zip: HOBE SOUND, FL 33455

## ADDITIONS/CHANGES:

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

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

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: MICHAEL J. MCARDLE

MGR

04/30/2008

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