

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000105650

**FILED  
Feb 20, 2007  
Secretary of State**

**Entity Name:** ARMSTRONG QUALITY PAINTING, LLC

**Current Principal Place of Business:**

19 FOXFORDS CHASE  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

19 FOXFORDS CHASE  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 13-4313166      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ARMSTRONG, DAVID L  
19 FOXSFORDS CHASE  
ORMOND BEACH, FL 32174 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: ARMSTRONG, DAVID L  
Address: 19 FOXSFORDS CHASE  
City-St-Zip: ORMOND BEACH, FL 32174 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID L ARMSTRONG      MGRM      02/20/2007

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