
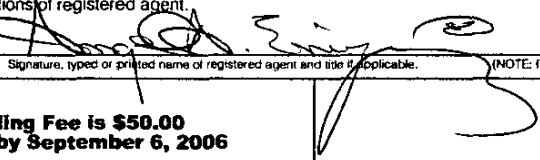
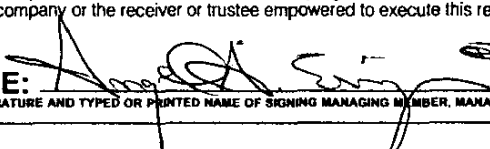


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90085 014 ****55.00

DOCUMENT # L05000108428 1. Entity Name ANGEL'S PAINTING & MORE, LLC					
Principal Place of Business 4184 COUNTY LINE ROAD TEQUESTA, FL 33469			Mailing Address 4184 COUNTY LINE ROAD TEQUESTA, FL 33469		
2. Principal Place of Business 4184 County Line Rd. Suite, Apt. #, etc.		3. Mailing Address 4184 County Line Rd. Suite, Apt. #, etc.			
City & State Tequesta FL 33469		City & State Tequesta FL 33469		4. FEI Number 20-3758645	
Zip 33469		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ENRIQUEZ, ANGEL A 4184 COUNTY LINE ROAD TEQUESTA, FL 33469				7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 7/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENRIQUEZ, ANGEL A 4184 COUNTY LINE ROAD TEQUESTA, FL 33469 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 				7/9/06 <small>Date Daytime Phone #</small>	