

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90050 041 *****55.00

DOCUMENT #

1. Entity Name
MARK VANDER LUGT PAINTING LLC.
DOCUMENT # L05000109332

DO NOT WRITE IN THIS SPACE

20002847

2. Principal Place of Business
21072 EVANSTON AVE
Suite, Apt. #, etc.

3. Mailing Address
21072 EVANSTON AVE.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT CHARLOTTE, FL
Zip
33952 Country
U.S.

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4. FEI Number
75-3204170 Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARK VANDER LUGT
Street Address (P.O. Box Number is Not Acceptable)
21072 EVANSTON AVE.
City
PORT CHARLOTTE FL Zip Code
33952

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MARK VANDER LUGT
21072 EVANSTON AVE
PORT CHARLOTTE, FL 33952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
RON VANDER LUGT
5659 SURPRISE ROAD
NORTH PORT, FL 34288

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark Vander Lugt 1/19/2006 941-661-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)