2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L05000119023

Entity Name: COMPLETE PAINTING LLC

Current Principal Place of Business:

1409 COLEMAN STREET
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

1409 COLEMAN STREET
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 55-0910732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE LEAKS, TOMMY
1409 COLEMAN STREET
TALLAHASSEE, FL 32310 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: LEAKS, TOMMY LEE
Address: 1409 COLEMAN STREET
City-St-Zip: TALLAHASSEE, FL 32310

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: MOLLINS, FRANK
Address: 516 CASTLEWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

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: TOMMY L. LEAKS MGRM 04/29/2007

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