

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000120710	
1. Entity Name BOSTON PAINTING SERVICES,LLC	

Principal Place of Business 1960 U.S. 1 SOUTH PMB 141 ST. AUGUSTINE, FL 32086 US	Mailing Address 1960 U.S. 1 SOUTH PMB 141 ST. AUGUSTINE, FL 32086 US
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04302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0854365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOSTON, GWEENDELYN M
187 DELTONA BLVD
ST. AUGUSTINE, FL 32086**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOSTON, DANNY D JR 187 DELTONA BLVD ST. AUGUSTINE, FL 32086
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05/25/07-80063-014 55.00

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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:  **5-1-07** 904 501-2516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #