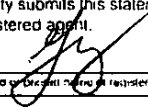
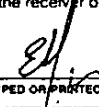


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-31-2007 90002 009 ****50.00
08-20-2007 90182 025 *****5.00

DOCUMENT # L06000001064					
1. Entity Name Y.C. PAINTING LLC					
Principal Place of Business 2477 BRIANT STREET NORTH PORT FL 34287 US			Mailing Address 2477 BRIANT STREET NORTH PORT FL 34287 US		
2. Principal Place of Business - No P.O. Box # # 2744 BRIANT ST. Suite, Apt. #, etc.			3. Mailing Address 2744 BRIANT ST Suite, Apt. #, etc.		
City & State North Port FL		City & State North Port FL		4. FEI Number * 20-4042683	
Zip 34287	Country US	Zip 34287	Country US	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHUKIN, YEVGENIY 2477 BRIANT STREET NORTH PORT FL 34287				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	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  (Signature, typed or printed name of transferring agent and title if applicable) (NOTE: Registered Agent signature required when transferring) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHUKIN, YEVGENIY 2477 BRIANT STREET NORTH PORT FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALINA, PETRENKOW 2477 BRIANT STREET NORTH PORT FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 				07/27/07 19414212212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					