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	Mailing Address
2477 BRIANT STREET NORTH PORT FL 34287 US	2477 BRIANT STREET NORTH PORT FL 34287 US

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2744 BRIANT St.		2744 BRIANT ST	
Suite, Apt #, etc.		Suite, Apt #, etc	
City & State: North Port FL		City & State: North Port FL	
Zip: 34287	Country: US	Zip: 34287	Country: US

4. FEI Number: 20-4042683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHUKIN, YEVGENIY 2477 BRIANT STREET NORTH PORT FL 34287	Name 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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHUKIN, YEVGENIY		NAME		
STREET ADDRESS	2477 BRIANT STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL 34287		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GALINA, PETRENKOW		NAME		
STREET ADDRESS	2477 BRIANT STREET		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL 34287		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 (941)421 2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #