2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Sep 07, 2007 8:00 am DOCUMENT # L06000003639 Secretary of State 09-07-2007 90045 041 ****50.00 PAINTING PROFESSIONALS, LLC Principal Place of Business Mailing Address 1328 HAMPTON PARK LN 1328 HAMPTON PARK LN VIERA FL 32940 VIERA FL 32940 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/07) City & State City & State 4. FELNumber Applied For 83-0444 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANNER, JAROD Street Address (P.O. Box Number is Not Acceptable) 1328 HAMPTON PARK LN VIERA FL 32940 Zip Code FL 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 or registered agent and title if applicable (NOTE: Registered Agent signature required which reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 - MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Addition ☐ Delete Change TANNER, JAROD STREET ADDRESS 1328 HAMPTON PARK LN STREET ADDRESS CITY-ST-ZIP VIERA FL 32940 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition THILE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE Change Addition NAME NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 11. Thereby 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:

FILED