


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 MAY 11 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000004660	
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1. Entity Name
TOP QUALITY PAINTING & CLEANING LLC

Principal Place of Business
235 HOPKINS LANDING ROAD
QUINCY, FL 32351

Mailing Address
235 HOPKINS LANDING ROAD
QUINCY, FL 32351

BK



2. Principal Place of Business - No P.O. Box #

235 Hopkins Landing Rd

3. Mailing Address

235 Hopkins Landing Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112007 Chg-LLC CR2E083 (12/06)

City & State

Quincy FL

City & State

Quincy FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32351

Country

Gadsden

Zip

32351

Country

UNITED STATES

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

PAIS, LASHAWNDR
235 HOPKINS LANDING ROAD
QUINCY, FL 32351

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

Filing Fee is \$50.00
Due by September 14, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PAIS, LASHAWNDR
STREET ADDRESS 235 HOPKINS LANDING ROAD
CITY-ST-ZIP QUINCY, FL 32351

TITLE ☐ Change ☐ Addition
NAME 200103047702
STREET ADDRESS 05/23/07--01006--024 **50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PAIS, UZIEL
STREET ADDRESS 235 HOPKINS LANDING ROAD
CITY-ST-ZIP QUINCY, FL 32351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: LASHAWNDR PAIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-11-07 (850) 627-4134
Date Daytime Phone #