


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90125 011 ***138.75

DOCUMENT # L06000004857 1. Entity Name CARL RIDGELL PAINTING, LLC																																																			
Principal Place of Business 6210 SW 13TH STREET #4 GAINESVILLE, FL 32608 US		Mailing Address 6210 SW 13TH STREET #4 GAINESVILLE, FL 32608 US																																																	
2. Principal Place of Business - No P.O. Box # 28953 NW 142nd Ave Suite, Apt. #, etc.		3. Mailing Address 28953 NW 142nd Ave Suite, Apt. #, etc.																																																	
City & State High Springs FL Zip 32643		City & State High Springs FL Zip 32643																																																	
Country Alachua		Country Alachua																																																	
4. FEI Number 20-4103527		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04062008 Chg-LLC CR2E083 (12/06)																																																	
6. Name and Address of Current Registered Agent RIDGELL, CARL 6210 SW 13TH STREET #4 GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name Carl Ridgell Street Address (P.O. Box Number is Not Acceptable) 28953 NW 142nd Ave City High Springs FL Zip Code 32643																																																	
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 <u><i>Carl Ridgell</i></u> Carl Ridgell Owner DATE 4-8-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																																																	
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> MGRM RIDGELL, CARL 6210 SW 13TH STREET #4 GAINESVILLE, FL 32608 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIDGELL, CARL 6210 SW 13TH STREET #4 GAINESVILLE, FL 32608	<input type="checkbox"/> Delete																						10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28953 NW 142nd Ave High Springs FL 32643 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28953 NW 142nd Ave High Springs FL 32643	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIDGELL, CARL 6210 SW 13TH STREET #4 GAINESVILLE, FL 32608	<input type="checkbox"/> Delete																																																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28953 NW 142nd Ave High Springs FL 32643	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Carl Ridgell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-8-08 Daytime Phone # 352-562-9909																																																	