
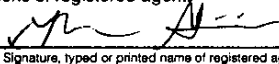



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90151 005 \*\*\*\*50.00

<b>DOCUMENT # L06000010594</b> 1. Entity Name <b>A.R.T. PAINTING AND PRESSURE CLEANING, LLC</b>					
Principal Place of Business <b>A.R.T. PAINTING AND PRESSURE CLEANING, LLC</b> <b>SPRING HILL, FL 34606 US</b>				Mailing Address <b>A.R.T. PAINTING AND PRESSURE CLEANING, LLC</b> <b>SPRING HILL, FL 34606 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1071 Candlelight Blvd</b>		3. Mailing Address <b>1071 Candlelight Blvd</b>			
Suite, Apt. #, etc. <b>Apt # E68</b>		Suite, Apt. #, etc. <b>Apt # E68</b>			
City & State <b>Brooksville FL</b>		City & State <b>Brooksville FL</b>			
Zip <b>34601</b>	Country <b>Hernando</b>	Zip <b>34601</b>	Country <b>Hernando</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>GILLESPIE, KEIRON L</b> <b>8265 OMAHA CIRCLE</b> <b>8265 OMAHA CIRCLE, FL 34606</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Keiron Gillespie</b> Street Address (P.O. Box Number is Not Acceptable) <b>1071 Candlelight Blvd Apt # E68</b> City <b>Brooksville</b> <b>FL</b> Zip Code <b>34601</b>	
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  DATE <b>3/14/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GILLESPIE, KEIRON L</b> <b>8265 OMAHA CIRCLE</b> <b>SPRING HILL, FL 34606</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Keiron Gillespie</b> <b>1071 Candlelight Blvd Apt # E68</b> <b>Brooksville, FL 34601</b>	
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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.					
<b>SIGNATURE:</b> 			Date <b>3/14/07</b> Daytime Phone # <b>852-346-9448</b>		