

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010594

FILED
Jun 30, 2008
Secretary of State

Entity Name: A.R.T. PAINTING AND PRESSURE CLEANING, LLC

Current Principal Place of Business:

1071 CANDLELIGHT BLVD
APT E68
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

13142 ADAMS ST
BROOKSVILLE, FL 34613 US

Current Mailing Address:

1071 CANDLELIGHT BLVD
APT E68
BROOKSVILLE, FL 34601 US

New Mailing Address:

13142 ADAMS ST
BROOKSVILLE, FL 34613 US

FEI Number: 13-4322342 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GILLESPIE, KEIRON L
1071 CANDLELIGHT BLVD
APT E68
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

GILLESPIE, KEIRON L
13142 ADAMS ST
BROOKSVILLE, FL 34613 US

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.

SIGNATURE: KEIRON L GILLESPIE

06/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GILLESPIE, KEIRON L
Address: 1071 CANDLELIGHT BLVD APT E68
City-St-Zip: BROOKSVILLE, FL 34601 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GILLESPIE, KEIRON L
Address: 13142 ADAMS ST
City-St-Zip: BROOKSVILLE, FL 34613 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEIRON L GILLESPIE

MGR

06/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date