

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90262 006 ****50.00

DOCUMENT #

1. Entity Name

HARRY Burdick Painting, LLC
L 06000012685



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18584 SE 21 ST
Suite, Apt. #, etc.
SE 21

3. Mailing Address

PO BOX 575
Suite, Apt. #, etc.

City & State

Silver Springs FL

City & State

Weirsdale FL 32745

Zip

34488

Country

Marion

Zip

32195

Country

Marion

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE *Owner / Operator President*
NAME *HARRY Burdick*
STREET ADDRESS *18584 SE 21 ST*
CITY-ST-ZIP *Silver Springs FL 34488*

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Harry Burdick

4-29-07

1-352-397-0217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #