

FILED
Apr 30, 2007 8:00 am
Secretary of State

[illegible]

DOCUMENT # L06000013418

1. Entity Name

HOMESTYLE PAINTING SERVICES, LLC

Principal Place of Business

126 BRANDY HILL DRIVE
PORT ORANGE FL 32129

Mailing Address

126 BRANDY HILL DRIVE
PORT ORANGE FL 32129

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1701577

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E083 (10/06)

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, ROBERT
126 BRANDY HILL DRIVE
PORT ORANGE FL 32129

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

MGR

STEWART, ROBERT

126 BRANDY HILL DRIVE

PORT ORANGE FL 32129

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert Stewart Mon.

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

Date

Cryptologic Phone #