


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


DOCUMENT # L06000015008		
1. Entity Name ALVIN SQUIRES PAINTING L.L.C.		

Principal Place of Business 3990 PEACOCK LN TALLAHASSEE, FL 32309	Mailing Address 3990 PEACOCK LN TALLAHASSEE, FL 32309
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2. Principal Place of Business - No P.O. Box # 1138 Robert Thompson Rd	3. Mailing Address 1138 Robert Thompson Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Monticello, FL	City & State Monticello, FL
Zip 32344	Zip 32344
Country	Country

FILED
07 FEB 28 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02282007 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SQUIRES, ALVIN R 3990 PEACOCK LN TALLAHASSEE, FL 32309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1138 Robert Thompson Rd City Monticello FL Zip Code 32344
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SQUIRES, ALVIN 3990 PEACOCK LN TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1138 Robert Thompson Rd Monticello, FL 32344 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900090085679 03/02/07--01045--030 **55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  **2/28/07 284-3548**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #