

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90048 011 \*\*\*\*50.00

DOCUMENT # L06000016378

1. Entity Name

P.R.I.D.E. PLUS PAINTING, LLC



Principal Place of Business

76 PONDEROSA BLVD  
DE FUNIAK SPRINGS FL 32433  
US

Mailing Address

76 PONDEROSA BLVD  
DE FUNIAK SPRINGS FL 32433  
US



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

86-1159403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

WILSON, MARLA K  
76 PONDEROSA BLVD  
DE FUNIAK SPRINGS FL 32433

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 tick if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete  
NAME: WILSON, MARLA K  
STREET ADDRESS: 76 PONDEROSA BLVD  
CITY-STATE-ZIP: DE FUNIAK SPRINGS FL 32433

TITLE: MGRM ☐ Delete  
NAME: WILSON, TERRY  
STREET ADDRESS: 76 PONDEROSA BLVD  
CITY-STATE-ZIP: DE FUNIAK SPRINGS FL 32433

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY-STATE-ZIP:

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STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

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: *Marla Kay Wilson* Marla Kay Wilson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/26/07  
Date

850-892-2596  
Telephone #