

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000019930

1. Entity Name
BRILLIANT COLORS PAINTING CONTRACTORS LLC



Principal Place of Business
139 TOBACCO RD
HAVANA, FL 32333

Mailing Address
139 TOBACCO RD
HAVANA, FL 32333

2. Principal Place of Business No P.O. Box #
315 Morris Rd
Suite, Apt. #, etc.

3. Mailing Address
PO Box 486
Suite, Apt. #, etc.

City & State
CAMILLA, GA
Zip
31730
Country
USA

City & State
HAVANA, FL
Zip
32333
Country
USA

04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
41-2198032

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANCOCK, TIMOTHY M
139 TOBACCO RD
HAVANA, FL 32333

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HANCOCK, TIM
139 TOBACCO RD
HAVANA, FL 32333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Hancock, Tim
PO Box 486
HAVANA, FL 32333 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500122862875
04/10/08--01012--001 **138.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

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

Date

Daytime Phone #

FILED

08 APR 10 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4/10/08 850-203503