


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2007 8:00 am
Secretary of State

07-09-2007 90114 022 ****55.00

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DOCUMENT # L06000022305			
1. Entity Name C&V PAINTING AND REMODELING LLC			
Principal Place of Business 1046 W.EMBASSY DR DELTONA, FL 32725 US		Mailing Address 1046 W.EMBASSY DR DELTONA, FL 32725 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
6. Name and Address of Current Registered Agent CALDERON, LISA 1046 W.EMBASSY DR DELTONA, FL 32725		7. Name and Address of New Registered Agent Name: <u>Lorena Velasquez</u> Street Address (P.O. Box Number is Not Acceptable): <u>1046 W. Embassy Dr.</u> City: <u>Deltona</u> FL Zip Code: <u>32725</u>	
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: <u>[Signature]</u> <small>Signature typed or printed name of registered agent and firm if applicable</small>		DATE: <u>7.2.07</u> <small>(NOTE: Registered Agent signature required when renaming)</small>	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Lorena Velasquez</u> <u>manager</u> <u>1046 W. Embassy Dr.</u> <u>Deltona, FL 32725</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>manager</u> <u>Lorena Velasquez</u> <u>1046 W. Embassy Dr</u> <u>Deltona, FL 32725</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: <u>[Signature]</u> <u>Lorena Velasquez</u>		DATE: <u>7.2.07</u> (386)860.4370	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

