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Jun 14, 2007 8:00 am
Secretary of State
05-07-2007 90372 014 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000028033

1. Entity Name
KATHY HARPER PAINTING, LLC

30010764

Principal Place of Business	Mailing Address
1082 GEORGE ANDERSON STREET ORMOND BEACH, FL 32174	1082 GEORGE ANDERSON STREET ORMOND BEACH, FL 32174

05022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
767 S. Nova Road			
Suite, Apt. #, etc. 797		Suite, Apt. #, etc.	
City & State Ormond Beach FL 32174		City & State	
Zip 32174	Country Volusia	Zip	Country

4. FEI Number N/A ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARPER, KATHY G 1082 GEORGE ANDERSON STREET ORMOND BEACH, FL 32174	Name: Kathy G. Harper Street Address (P.O. Box Number is Not Acceptable): 1082 George Anderson Street City: Ormond Beach FL Zip Code: 32174

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] Kathy G. Harper, Registered Agent 05/31/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	Manager and Resident Agent Kathy G. Harper 1082 George Anderson Street Ormond Beach FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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] Kathy G. Harper, Manager 05/01/2007 386/677-3953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #