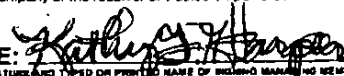


FILED
Jun 14, 2007 8:00 am
Secretary of State

05-07-2007 90372 014 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000028033			
1. Entity Name KATHY HARPER PAINTING, LLC			
Principal Place of Business 1082 GEORGE ANDERSON STREET ORMOND BEACH, FL 32174		Mailing Address 1082 GEORGE ANDERSON STREET ORMOND BEACH, FL 32174	
2. Principal Place of Business - No P.O. Box # 767 S. Nova Road		3. Mailing Address	
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 HARPER, KATHY G 1082 GEORGE ANDERSON STREET ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent 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  Kathy G. Harper, Registered Agent 05/31/07 Signature of person or persons authorized to change registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reappointing)			
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. 386/677-3953 SIGNATURE:  Kathy G. Harper Manager 05/01/2007 SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			