

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

01-09-2007 90036 004 ****50.00

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01072007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000028238					
1. Entity Name JAMES HOSTUTLER PAINTING LLC					
Principal Place of Business 1530 S TRELLIS DRIVE HOMOSASSA, FL 34448 US			Mailing Address 1530 S TRELLIS DRIVE HOMOSASSA, FL 34448 US		
2. Principal Place of Business - No P.O. Box # 1530 S. Trellis Dr.		3. Mailing Address 1530 S. Trellis Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Homosassa Fla.		City & State Homosassa Fla.		4. FEI Number 161754001	
Zip 34448		Country Citrus		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOSTUTLER, JAMES 1530 S TRELLIS DRIVE HOMOSASSA, FL 34448			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: <u>James A. Hostutler</u> <u>James A. Hostutler</u> <u>1-7-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOSTUTLER, JAMES 1530 S TRELLIS DRIVE HOMOSASSA, FL 34448		<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			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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>James A. Hostutler</u>			<u>1-7-07</u> <u>352 795 5725</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		