## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 11, 2007 8:00 am Secretary of State **DOCUMENT # L06000028702** 01-11-2007 90130 033 \*\*\*\*50.00 MOBILE CUSTOM PAINTING LC Principal Place of Business Mailing Address MUUUUU ---314 TAYLOR AVE. 314 TAYLOR AVE. DAYTONA BEACH, FL 32114 US DAYTONA BEACH, FL 32114 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 314 Taylor Ave. 314 Taylor Suite, Apt. #, etc. 01082007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For Bch 03 0586929 Daytona Daytona Not Applicable Zip Zip 32114 \$5.00 Additional 5. Certificate of Status Desired SA 32114 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Stephen A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD QUINCY, FL 32351 City Paytona Bch. 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ... MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change ☐ Addition HUGHEY, STEPHEN B NAME NAME 314 TAYLOR AVE. STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32114 CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MIE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SEE MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

386-239-4815