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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
07 AUG 13 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300115607

DOCUMENT # L06000031250

1. Entity Name
PCH PAINTING, LLC

Principal Place of Business	Mailing Address
595 SAMUEL STREET DELAND FL 32724 US	595 SAMUEL STREET DELAND FL 32724 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	595 Samuel ST	3. Mailing Address	595 Samuel St
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State	Deland FLA.	City & State	Deland FLA
Zip	32724	Zip	32724
Country	Volusia	Country	Volusia

4. FEI Number 20-4599543 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FISH, DONALD R
595 SAMUEL STREET
DELAND FL 32724

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 Donald R. Fish
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	owner	☐ Delete
NAME	~~Donald R Fish~~ Sole mBR	
STREET ADDRESS	~~595 Samuel ST~~	
CITY-ST-ZIP	~~Deland FLA 32724~~	
TITLE	PCH Painting LLC	☐ Delete
NAME	Donald R Fish LLC MGRMBR	
STREET ADDRESS	595 Samuel ST	
CITY-ST-ZIP	Deland FLA. 32724	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donald R. Fish 6-19-07 386-878-3836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #