2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000031759

1. Entity Name
PARADISE COAST PAINTING, LLC

Principal Place of Business	Mailing Address
1741 12TH AVENUE NE NAPLES, FL 34120	1741 12TH AVENUE NE NAPLES, FL 34120

DO NOT WRITE IN THIS SPACE

04202008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4237779	Not Applicable

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

6. Name and Address of Current Registered Agent

EASTERBROOK, PAUL W SR.
1741 12TH AVENUE NE
NAPLES, FL 34120

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EASTERBROOK, PAUL W SR.
STREET ADDRESS	1741 12TH AVENUE NE
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	MGRM
NAME	EASTERBROOK, RITA
STREET ADDRESS	1741 12TH AVENUE NE
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000918194
05/13/08-80058-025 138.75

DO NOT WRITE IN THIS SPACE

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: _R. Easterbrook_   4-21-08   239-438-8228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #