

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90312 034 ****50.00

60048717



02142007 Chg-LLC CR2E083 (12/06)

▲ FFI Number ☐ Applied For ☒ Not Applicable

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

DOCUMENT # L06000032202

1. Entity Name
HAYES PAINTING L.L.C.



Principal Place of Business
**2202 WALL STREET
TALLAHASSEE, FL 32309**

Mailing Address
**2202 WALL STREET
TALLAHASSEE, FL 32309**

2. Principal Place of Business - No P.O. Box # 2202 WALL ST.		3. Mailing Address 2202 WALL ST.	
Suite, Apt. #, etc. HOME		Suite, Apt. #, etc. HOME	
City & State TALLAHASSEE FL.		City & State TALLAHASSEE FL.	
Zip 32309	Country USA	Zip 32309	Country USA

6. Name and Address of Current Registered Agent

**HAYES, MICHAEL
2202 WALL STREET
TALLAHASSEE, FL 32309**

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: Michael Hayes (NOTE: Registered Agent signature required when reinstating) DATE: 2/14/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, MICHAEL 2202 WALL STREET TALLAHASSEE, FL 32309 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael Hayes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____