2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 06, 2008 8:00 am
Secretary of State
05-06-2008 90004 005 ***138.75

DOCUMENT # L06000032202

1. Entity Name

HAYES PAINTING L.L.C.

Principal Place of Business	Mailing Address
2202 WALL STREET TALLAHASSEE FL 32309	2202 WALL STREET TALLAHASSEE FL 32309

1st MOORE CR2E083 (10/07)

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

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

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: MICHAEL HAYES
Street Address (P.O. Box Number is Not Acceptable): 2202 WALL ST.
City: TALL. FL FL Zip Code: 32309

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 Michael Hayes 4/21/08
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
Make Check Payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, MICHAEL 2202 WALL STREET TALLAHASSEE FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Michael Hayes MICHAEL HAYES 4/21/08 850-893-1079 850-556-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #