

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

05-01-2007 90330 011 ****50.00

DOCUMENT # L06000037198					
1. Entity Name JACK KITTLE'S KNOCKOUT PAINTING, LLC					
Principal Place of Business 656 MARTINIQUE COURT ORANGE PARK, FL 32003 US			Mailing Address 656 MARTINIQUE COURT ORANGE PARK, FL 32003 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04302007 Chg-LLC CR2E083 (12/06)	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KITTLE, CAMELIA A 656 MARTINIQUE COURT ORANGE PARK, FL 32003			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$90.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KITTLE, JACK E 656 MARTINIQUE COURT ORANGE PARK, FL 32003 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KITTLE, JACK J 656 MARTINIQUE COURT ORANGE PARK, FL 32003 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INGHAM, JOSHUA C 656 MARTINIQUE COURT ORANGE PARK, FL 32003 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Gregory M. Sapit 27080 Austin Rose Lane Orange Park, FL 32073 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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 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: <u>Camelia A. Kittle</u>		Camelia A. Kittle 4/30/07 904-616-1625			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			