

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90126 026 ***138.75

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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 # 135 Waterside Ave.		3. Mailing Address 135 Waterside Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Satsuma, FL		City & State Satsuma FL		4. FEI Number 20-4667545	
Zip 32189		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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) 135 Waterside Avenue City Satsuma FL Zip Code 32189		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 KITTLE, JACK E 656 MARTINIQUE COURT ORANGE PARK, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 135 Waterside Avenue Satsuma, FL 32189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KITTLE, JACK J 656 MARTINIQUE COURT ORANGE PARK, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 135 Waterside Avenue Satsuma, FL 32189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABIT, GREGORY M 27080 AUSTIN ROSE LANE ORANGE PARK, FL 32079		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	
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	
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	
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>Jack E. Kittle</u> 2/29/08 (904) 616-1625 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					