

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

DOCUMENT # L06000037768

1. Entity Name
KOLBY'S PAINTING, LLC



2007 JUL -9 AM 9:35

60000159
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
159 DEER RUN S
DEFUNIAK SPRINGS, FL 32435 US

Mailing Address
P O BOX 382
DEFUNIAK SPRINGS, FL 32435 US

2. Original Place of Business - No P.O. Box #
285 S.W. Precision Loop
Suite, Apt. #, etc.

3. Mailing Address
285 S.W. Precision Loop
Suite, Apt. #, etc.



01022007 Chg-LLC CR2E083 (12/06)

City & State
Lake City FL
Zip
32024 Country
U.S.

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Lake City FL
Zip
32024 Country
U.S.

4. Filing Number
20-4707048
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NIEWISCH, ADAM W
159 DEER RUN S
DEFUNIAK SPRINGS, FL 32435

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
285 S.W. Precision Loop
City Lake City FL 32024

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]* Adam W. Niewisch 1-2-07
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR NIEWISCH, ADAM W P O BOX 382 DEFUNIAK SPRINGS, FL 32435 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR WAGNER, WILLIAM L 1900 PRESIDIO ST APT C NAVARRE, FL 32566 ☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR CARROLL, ERIC A 508 HURLEY DR. DEFUNIAK SPRINGS, FL 32433 ☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR Pandy J. Pollard 171 SW Merri Mack FL Lake City, FL 32024 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-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 606, Florida Statutes.

SIGNATURE *[Signature]* Adam W. Niewisch 1-2-07 850401-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

per Pat Barker 7/1/07

2/2

7/10/07 DEPOSITS/PAYMENTS DETAIL SCREEN 3:41 PM
DEPOSIT NUMBER : 07/09/07 01064 004 DEPOSIT TYPE : COR
ACCOUNT NUMBER : DEPOSIT AMOUNT : 65.00
USER ID : KWALKER DEPOSIT BALANCE: 0.00
DEBIT MEMO DATE: VOID DATE :
TRACKING NUMBER: 600105778766 DOCUMENT NUMBER: L06000037768
REQUESTOR : DM#74165-E REPLC FEE LEDGER DATE : 07/09/07
SUB ACCT NUMBER:

CATEGORY	DESCRIPTION	AMOUNT
AR	ANNUAL REPORT	50.00
RTNCK	RETURNED CHECK FEE	15.00

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM, 4. EVENTS, 5. NOTES

ENTER SELECTION AND CR: