2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED DOCUMENT # L06000042567 07 NOV 14 PM 12: 39 RICHARD INGRAM PAINTING LLC SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 5853 LOCUST ST 5853 LOCUST ST MILTON, FL 32570 MILTON, FL 32570 2. Principal Place of Business - No P.O. Box 3. Mailing Address <u> 121</u> Q Suite, Apt. #, etc. Suite, Apt. #, etc. 11052007 Chg-LLC CR2E083 (12/06) Gity & State Applied For ity & State 4. FEI Number 68-0628109 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required scambia 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent Name INGRAM, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 5853 LOCUST ST MILTON, FL 32570 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE MGR Change ☐ Addition Ingram Richard INGRAM, RICHARD NAME NAME 5853 LOCUST INGRAM STREET ADORESS STREET ADDRESS MILTON, FL 32570 CITY-ST-ZIP CITY-ST-ZIE ersacola Pl. Delete TITLE Addition ☐ Change TITLE ingram, Bridge NAME NAME STREET ADDRESS STREET ADDRESS 121 acriet cak CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME 200112456422 11/20/07--01021--006 ***55 STREET ADDRESS STREET ADDRESS **55.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ddition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: BIGHATURE AND TYPED OR PRINTED NAME OF STIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE