

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043157

FILED  
Jun 01, 2007  
Secretary of State

**Entity Name:** KEVIN'S PAINTING SERVICES, L.L.C

**Current Principal Place of Business:**

6479 HOWARD AVENUE  
MILTON, FL 32570

**New Principal Place of Business:**

7834 MORNINGSTAR LANE  
MILTON, FL 32570

**Current Mailing Address:**

6479 HOWARD AVENUE  
MILTON, FL 32570

**New Mailing Address:**

7834 MORNINGSTAR LANE  
MILTON, FL 32570

FEI Number: 59-4362193      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

O'PRY, KEVIN D  
6479 HOWARD AVE  
MILTON, FL 32570    US

**Name and Address of New Registered Agent:**

O'PRY, KEVIN D  
7834 MORNINGSTAR LANE  
MILTON, FL 32570    US

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.

SIGNATURE: KEVIN O'PRY

06/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: O'PRY, KEVIN D  
Address: 6479 HOWARD AVENUE  
City-St-Zip: MILTON, FL 32570 US

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: O'PRY, KEVIN D  
Address: 7834 MORNINGSTAR LANE  
City-St-Zip: MILTON, FL 32570 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN O'PRY

MGR

06/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date