2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: James E. Merceric James Energy signature and typed or printed name of signing managing member, whader, or authorized representative

FILED Apr 29, 2008 8:00 am Secretary of State

850-997-5742

Daytime Phone ●

4-28-08

DOCUMENT # L06000043878 1. Entity Name JAMES MERCER PAINTING LLC						04-29-2008	90029 018 ***1:	38.75
Principal Place of Business 1428 BARNES RD MONTICELLO, FL 32344		Mailing Address 1428 BARNES RD MONTICELLO, FL 32344			ř.			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc. 748 Fornes Rd.			01312008	Chg-LLC	CR2E083 (12/06))
City & State		Monticello, Fl			4. FEI Numb	per PPLICABLE	⊢	pplied For ot Applicable
Zip	Country	32344	Country	-	5. Certificate	e of Status Desired	S5.00 Ad Fee Require	ditiona) ed
	6. Name and Address of Curren	t Registered Agent				d Address of New R	egistered Agent	
MERCER, JAMES E JR				Name				
1428 BAR			Street Address (I			per is Not Acceptable)	
			City				FL Zip Coo	ie
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, typed or printed name of registered agent and bite if applicable (NOTE Registered Agent signature required when reinstating) OATE								
	Signature, typed or priviled natine or registered agen	t and pite ii applicable (NOTE I	negistered Agent signa	arnie iednied	when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						i .	e check payable to Department of Sta	te
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Delete	TITLE	1			☐ Change	Addition
NAME	MERCER, JAMES E JR		NAME					
STREET ADDRESS	1428 BARNES RD		STREET ADDRESS					
CITY-ST-ZIP	MONTICELLO, FL 32344		CHY ST-ZIP	-				
TITLE NAME		☐ Delete	TITLE	1			Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY ST-ZIP					
LIFLE		☐ Delete	DILÉ			,	☐ Change	☐ Addition
NAME	_		NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY ST ZIP					
			1	-			Chance	Addition
TITLE NAME		☐ Delete	IIILE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY ST ZIP			_		
HILE		☐ Delete	TITLE				Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY - ST - ZIP			SIREET ADDRESS CITY-ST ZIP					
TITLE		□ Delete	1IILE				☐ Change	Addition
NAME		C Delete	NAME				□ Glade	nuuliuli
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CHY-S1-ZIP					
11. I hereby certily that the information supplied with this filling 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.								