2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000046886

Entity Name

INTEGRITY PAINTING, LLC



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

PMB 372

1093 A1A BEACH BLVD St. Augustine, FL 32080

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PMB 372

1093 A1A BEACH BLVD ST. AUGUSTINE, FL 32080

US



04262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4036092

Applied For Not Applicable

5. Certificate of Status Desired

□ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WAHL, FRANKLIN L PMB 372 1093 A1A BEACH BLVD ST. AUGUSTINE,, FL 32080

the obligations of registered agent.

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SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAHL, FRANKLIN L P O BOX 861043 ST. AUGUSTINE, FL 32086		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
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TITLE NAME 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 or trustee-empowered to execute this report as required by Chapter 608, Florida Statutes.			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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