## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # L06000056658** 04-30-2007 90037 007 \*\*\*\*50.00 PAINTED DOLLARS LLC Mailing Address Principal Place of Business **76 PECAN DRIVE** P.O. 831181 OCALA, FL 34483-1181 OCALA, FL 34472 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 Chg-LLC CR2E083 (12/06) 4. FEI Number 51-0587009 Applied For City & State City & State Not Applicable Country Zip Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Change Addition TITLE Delete TITLE GRUBBS, RUSSELL NAME NAME STREET ADDRESS STREET ADDRESS **76 PECAN DRIVE** CITY-ST-ZIP OCALA, FL 34472 CITY-ST-Z(P ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME GRUBBS, RUSSELL STREET ADDRESS STREET ADDRESS **76 PECAN DRIVE** CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34472 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change | ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

**FILED** 

11. If hereby certify that the information supplied with this fling 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 repetiver of trustee empowered to execute this report as required by Chapter 608. Florida Statutes. limited liability company or th

SIGNATURE:

4/27/07