## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 14, 2008 8:00 am Secretary of State DOCUMENT # L06000056658 04-14-2008 90269 001 \*\*\*277.50 1. Entity Name PAINTED DOLLARS LLC Principal Place of Business Mailing Address 30003866 **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 7982 SW 140 20. BOL 7<u>72648</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 Chg-LLC CR2E083 (12/06) DUNNELL 4. FEI Number Applied For City & State City & State $\infty$ 52-0587009 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 344<u>72</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Russeu SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 DUNNELLON 8. The above named entity submits this st ement 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 SIGNATURE Signature, typed of FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR Change TITLE ☐ Delete TITLE ☐ Addition GRUBBS, RUSSELL NAME NAME STREET ADDRESS 7<del>0 PEGAN DRIV</del>E STREET ADDRESS CITY-ST-ZIP OCALA, FL 34472 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Russell Grugess GRUBBS, RUSSELL NAME 7982 SW 140 W. STREET ADORESS **76 PECAN DRIVE** STREET ADDRESS 34432 CITY-ST-ZIP OCALA, FL 34472 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition MILE TTDE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Detete TTDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CRY-ST-ZIP his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied indicated on this report is true and ac limited liability company of the receive SIGNATURE: