

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057496

Entity Name: M.G. PAINTING LLC

FILED
May 07, 2009
Secretary of State

Current Principal Place of Business:

102 BARLOW AVENUE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

102 BARLOW AVENUE
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-4988219 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:

Name and Address of New Registered Agent:

GARDINI, MILAGROS E
102 BARLOW AVENUE
SARASOTA, FL 34232 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARDINI, MILAGROS E
Address: 102 BARLOW AVENUE
City-St-Zip: SARASOTA, FL 34232

Title: MGRM () Delete
Name: NUNEZ, HAROLD
Address: 7124 BAY DRIVE APT 7
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Delete
Name: GUTIERREZ, JUAN
Address: 5824 12TH AVENUE EAST
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MILAGROS GARDINI

MGRM

05/07/2009

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