2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90137 041 ***143.75

DOCUMENT # L06000060027

1. Entity Name

MIKE'S DRYWALL & PAINTING LLC

Principal Place of Business	Mailing Address
1307 E. LEMON ST. LAKELAND FL 33801	1307 E. LEMON ST. LAKELAND FL 33801

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #: 2850 New Tampa Hwy #115
Suite, Apt. #, etc.
City & State: Lakeland, FL
Zip: 33815 County: Polk

3. Mailing Address: 2850 New Tampa Hwy #115
Suite, Apt. #, etc.
City & State: Lakeland, FL
Zip: 33815 County: Polk

4. FEI Number: 76-0836185 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOVER, JAMES M
1307 E. LEMON ST.
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name: James M Dover
Street Address (P.O. Box Number is Not Acceptable): 2850 New Tampa Hwy #115
City: Lakeland FL Zip Code: 33815

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: James M Dover DATE: 2-14-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	DOVER, JAMES M	
STREET ADDRESS	1307 E. LEMON ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
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 Section 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: James M Dover 2-14-08 683-3316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #