

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90028 011 \*\*\*138.75

<b>DOCUMENT # L06000063832</b>					
<b>1. Entity Name</b> <b>NONSMOKING PAINTERS, LLC</b>					
<b>Principal Place of Business</b> 779 E. MERRITT ISLAND CSWY #726 MERRITT ISLAND, FL 32952			<b>Mailing Address</b> 779 E. MERRITT ISLAND CSWY #726 MERRITT ISLAND, FL 32952		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04282008    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 83-0461414				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SLATEM, STEVEN T 218A E EAU GALLIE BLVD #60 INDIAN HARBOUR BEACH, FL 32937			Name <u>SLATEM, STEVEN T</u> Street Address (P.O. Box Number is Not Acceptable) <u>779 E. MERRITT ISLAND CSWY #726</u> City <u>MERRITT ISLAND</u> <u>FL</u> Zip Code <u>32952</u>		
<b>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.</b>					
SIGNATURE <u>Steven T. Slatem</u> <u>STEVEN T. SLATEM, MANAGER</u> <u>4/28/2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NONSMOKING ENTERPRISES, LLC 2263 W NEW HAVEN AVE STE 413 MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SLATEM, STEVEN T 779 E. MERRITT ISLAND CSWY #726 MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SLATEM, STEVEN T 218A E EAU GALLIE BLVD #60 INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Steven T. Slatem</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4/28/2008</u> <u>321 574 0446</u> <small>Date    Daytime Phone #</small>		