

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063832

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** NONSMOKING PAINTERS, LLC

**Current Principal Place of Business:**

779 E. MERRITT ISLAND CSWY #726  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

137 SOUTH COURTNEY PARKWAY  
SUITE 726  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

779 E. MERRITT ISLAND CSWY #726  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

137 SOUTH COURTNEY PARKWAY  
SUITE 726  
MERRITT ISLAND, FL 32952

FEI Number: 83-0461414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SLATEM, STEVEN T  
779 E. MERRITT ISLAND CSWY #726  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

SLATEM, STEVEN T  
3682 N. WICKHAM RD  
B1-222  
MELBOURNE, FL 32935 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: STEVEN T. SLATEM

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SLATEM, STEVEN T  
Address: 779 E. MERRITT ISLAND CSWY #726  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SLATEM, STEVEN T  
Address: 3682 N. WICKHAM RD, B1-222  
City-St-Zip: MELBOURNE, FL 32935

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: STEVEN T. SLATEM

MGRM

04/28/2009

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