

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069250

FILED
Apr 28, 2009
Secretary of State

Entity Name: KEITH DELORME PAINTING & FINISHING, LLC

Current Principal Place of Business:

1443 46TH AVE NE
ST PETERSBURG, FL 33703

New Principal Place of Business:

188 BAYVIEW AVE
FORT MYERS BEACH, FL 33931

Current Mailing Address:

1443 46TH AVE NE
ST PETERSBURG, FL 33703

New Mailing Address:

188 BAYVIEW AVE
FORT MYERS BEACH, FL 33931

FEI Number: 20-5185220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELORME, KEITH
1443 46TH AVE NE
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

DELORME, KEITH
188 BAYVIEW AVE
FORT MYERS BEACH, FL 33931 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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DELORME, KEITH
Address: 1443 46TH AVE NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: MGR (X) Delete
Name: DELORME, MOLLY
Address: 1443 46TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DELORME, KEITH
Address: 188 BAYVIEW AVE
City-St-Zip: FORT MYERS BEACH, FL 33931

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: KEITH ROBERT DELORME

MGR

04/28/2009

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