2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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9/12/2007-90040-032-$50.00-$50.00

FILED
07 OCT 25 PM 3:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L06000069429

1. Entity Name
SHREWSBURY PAINTING LLC

Principal Place of Business	Mailing Address
411 D NORTH SEA LANE FORT WALTON BEACH FL 32548 US	411 D NORTH SEA LANE FORT WALTON BEACH FL 32548 US

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
17 TEMPLE AVE	~~SAME AS ABOVE~~ R.S. → 17 TEMPLE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT WALTON BCH, FL	City & State: FORT WALTON BEACH, FL
Zip: 32548 Country: OKALOOSA	Zip: 32548 Country: OKALOOSA

4. FEI Number: 20-5235847 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHREWSBURY, ROGER J 411 D NORTH SEA LANE FORT WALTON BEACH FL 32548	Name: SHREWSBURY, ROGER J. Street Address (P.O. Box Number is Not Acceptable): 17 TEMPLE AVE City: FORT WALTON BEACH FL Zip Code: 32548

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: R Shrewsbury 9-07-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHREWSBURY, ROGER J 411 D NORTH SEA LANE FORT WALTON BEACH FL 32548	☑ Delete R.S.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHREWSBURY, ROGER J. 17 TEMPLE AVE FORT WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ANNUAL REPORT~~ 2007	☐ Change ☐ Addition
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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.

SIGNATURE: Roger Shrewsbury 9-07-07 (850) 3760195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #