


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (A-1)

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90011 006 ****50.00

DOCUMENT # L06000078076	
1. Entity Name PELL & STERLING PAINTING & REMODELING LLC	

Principal Place of Business 109 COLONIAL DRIVE AUBURNDAL FL 33823	Mailing Address 109 COLONIAL DRIVE AUBURNDAL FL 33823
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address SAME
Suite, Apt. #, etc. 109 Colonial DR.	Suite, Apt. #, etc.
City & State Auburndale FLA.	City & State
Zip 33823	Country Polk

2nd MOORE CR2E083 (4/07)

4. FEI Number 20-5368048	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent PELLAND, DAVID G 109 COLONIAL DRIVE AUBURNDAL FL 33823		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 *David G. Pelland* DATE 7/17/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELLAND, DAVID G 109 COLONIAL DRIVE AUBURNDAL FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERLING, JOHN L LES PALMS CIRCLE APT 4 TAMPA FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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: *David G. Pelland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #