

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000080133

**FILED**  
**Oct 28, 2007**  
**Secretary of State**

**Entity Name:** TRANSITION PAINTING, LLC.

**Current Principal Place of Business:**

7471 SE FOREST OAKS LN  
7471 SE FOREST OAKS LN, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

7471 SE FOREST OAKS LN  
7471 SE FOREST OAKS LN, FL 33455

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

COLGAN, TRACE C  
7417 SE FOREST OAKS LN  
HOBE SOUND, FL 33455 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: COLGAN, TRACE  
Address: 7471 SE FOREST OAKS LN  
City-St-Zip: HOBE SOUND, FL 33455

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V. P ( ) Change (X) Addition  
Name: SAN PEDRO, EDSON  
Address: 22108 BOCA PLACE DR  
City-St-Zip: BOCA RATON, FL 33433

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:** EDSON SAN PEDRO

VP

10/28/2007

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