

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000080133

FILED
Sep 29, 2008
Secretary of State

Entity Name: TRANSITION PAINTING, LLC.

Current Principal Place of Business:

7471 SE FOREST OAK LN
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

7471 SE FOREST OAK LN
HOBE SOUND, FL 33455

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 OAK 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 OAK LN
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: COLGAN, KEEL
Address: 7471 SE FOREST OAK LN
City-St-Zip: HOBE SOUND, FL 33455

Title: D (X) Delete
Name: PEREZ, DANIEL
Address: 7471 SE FOREST OAK LN
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES:

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

Title: D (X) Change () Addition
Name: SAN PEDRO, EDSON
Address: 7471 SE FOREST OAK LN
City-St-Zip: HOBE SOUND, FL 33455

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: TRACE COLGAN

PRES

09/29/2008

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