


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

06-28-2007 90061 004 ****50.00

DOCUMENT # L06000086294 1. Entity Name RANDY SIMMONS PAINTING, LLC					
Principal Place of Business 162 SPRING STREET FREEPORT, FL 32439			Mailing Address 162 SPRING STREET FREEPORT, FL 32439		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent SIMMONS, RABDY 162 SPRING STREET FREEPORT, FL 32439				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 <u><i>Randy Simmons</i></u> <u><i>Randy Simmons</i></u> <u>7/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIMMONS, RANDY 162 SPRING STREET FREEPORT, FL 32439 <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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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: <u><i>Randy Simmons</i></u> <u><i>Randy Simmons</i></u> <u>7/10/07</u> <u>850-200-3518</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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06262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **51-0597781** Applied For ☐ Not Applicable ☐

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