## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** DOCUMENT #1 06000086339

FILED Jul 18, 2007 8:00 am Secretary of State 

Principal Place of Business   Maring Address   Maring A	1. Entity Name STROH PAINTING L.L.C.					07-18-2007	90014 015 ****5	0.00
State, April 4, state:    Sale	4917 BALLY0	GAR DR	4917 BALLYGAR DR	9	) (45 HB1) <b>0</b> 17	1571 <b>8 2</b> 1113 <b>13</b> 711 <b>25</b> 11 <b>25</b> 11	A OZNIK ERIKO ONIVO ANDO 1818 D	<b>17</b> 1 (2) ( <b>17</b> 1)
City & State  A FEI Number  A Replication of Salatus Desired  Strength, John Address of Current Registered Agent  7. Name and Address of New Registered Agent  STROH, JOHN 4917 BALLYGAR DR  Street Address if P.O. Dox Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing 4s registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, Agent or present rows of implement registered agent.  Fitting Foe is \$5.00  Due to try September 14, 2007  9. MANAGING MEMBERS /MANAGERS  Infi  Inf	2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
STROH, JOHN 4917 BALLYGAR DR  STROH, JOHN 4917 BALLYGAR DR  TALLAHASSEE, FL 32309  8. The above named entry submits this statement for the purpose of changing its registered agent.  City  FL  Zip Code  STROH, JOHN 4917 BALLYGAR DR  TALLAHASSEE, FL 32309  City  FL  Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signar, special primor renor di registered agent.  SIGNATURE  Signar, special primor renor di registered agent.  DIFF. Inspecial pr	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07022007	Chg-LLC	CR2E083 (12/06)	
Exp.   Country   Zip   Country   S. Certificate of Stitus Desired   Foregoinal Footpool   Foregoinal Footpool   Foregoinal Footpool   Foregoinal Footpool   Foregoinal Footpool   Foregoinal Footpool	City & State		City & State		4. FEI Numbe	r	<u> </u>	
STRON, JOHN 4917 BALLYCAR DR TALLAHASSEE, FL 32309  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 hamiliar with, and accept the obligators of registered flagent.  SIGNATURE  Square, typed or greater and implement agent and the flageholder.  ODTIE, hopdowed Apent agreater required agent, or both. In the State of Florida. I am hamiliar with, and accept the obligations of registered flagent.  Filling Fee is \$50.00  Bus by September 14, 2007  S. MANGING MEMBERS/MANAGERS  III.  MUK STRON, JOHN STRONG,	Žip	Country	Zip Country		5. Certificate of	of Status Desired	55.00 Add	itional
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Steed Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named ently submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MARK Check payable to Florida Department of superaccitority application.  MARK Check payable to Florida Department of State  SIRET AGRESS OFF. 32309  ITILE  MARK MISSES SIRET AGRESS OFF. 32309  ITILE  MARK SIRET AGRESS OFF. 3.2209  ITILE  MARK SIRET AGRESS OFF. 3.2200  ITILE  MARK SIRET	CTDOU I	OUN		Name				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	4917 BALLYGAR DR			Street Address (P.O. Box Number is Not Acceptable)				
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