## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT #1 06000087906

## FILED Jan 05, 2007 8:00 am Secretary of State

Principal Place of Business   Mailrey Address   PRZ HOSFORD HMY   QUINCY, FL 32351	1. Entity Name ALDAY'S PAINTING, LLC								01-05-2007	_		0.00	
Suite April   Steel	9782 HOSFORD HWY 9782 HOSFORD HWY				. <b></b>				,				
Suite, April   etc.   CREPOSDOT   L   CREEGRS (12/06)   CREECRS					l/u								
Country   Country   Country   Country   Country   Country   S. Certificate of Status Desired   S. S. Optificate of Status Desired   S. Optificate   S	Suite, Apt. #, etc Suite, Apt. #, etc.							01022007	Chg-LLC	CR2E08	3 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Do Naviroline is Not Acceptable)  The Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Reg			U.S.	City & State 223.3()				4. FEI Numb	er			·	
Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. 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, vipod or printed name of registered agent and the reportance of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I	Zip		Country	Zip	Count	ry		5. Certificate	of Status Desired				
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8. 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   Special printed name of registered agent and stell applicable.   CHOTE: Registered Agent required when resistating)   DATE	9782 HOSFORD HWY												
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Filling Foe Is \$50.00 Disb by May 1, 2007    Make check payable to Florida Department of States		uons or regis	тегео адели.										
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM ALDAY, JUSTIN L STREET ADDRESS CITY-ST-ZIP CITY-ST-	SIGITATORIE .	Signature, typed	or printed name of registered agent at	nd title if applicable. (NOT	E: Registered	i Agent signati	ure required wi	hen reinstating)		DATE			
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CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP II. 1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information		l	a Information	this filian doortP* 5-				Ob	Dedde Control 11		L _ 4 4 L - 1 - 1		

SIGNATURE: Justin	alday	January	3	,2007	(850)508-347
	ED NAME OF SIGNING MANAGING MEMBER, MANAG	ER, OR AUTHORIZED REPRESENTATIVE D	late		Daytime Phone #