



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-05-2007 90031 013 ****50.00

DOCUMENT # L06000087906 1. Entity Name ALDAY'S PAINTING, LLC			
Principal Place of Business 9782 HOSFORD HWY QUINCY, FL 32351		Mailing Address 9782 HOSFORD HWY QUINCY, FL 32351	
2. Principal Place of Business - No P.O. Box # 112 East 8th Street Suite, Apt. #, etc. Greensboro, FL City & State 32330 U.S. Zip Country		3. Mailing Address P.O. Box 404 Suite, Apt. #, etc. Greensboro, FL City & State 32330 US Zip Country	
			
		01022007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALDAY, JUSTIN 9782 HOSFORD HWY QUINCY, FL 32351		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALDAY, JUSTIN L 9782 HOSFORD HWY QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Alday, Justin L 112 East 8th Street Greensboro, FL 32330 <input checked="" 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: <i>Justin Alday</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		January 3, 2007 (850) 508-3470 <small>Date Daytime Phone #</small>	