


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000090745 1. Entity Name MICHAEL WILSON PAINTING LLC	
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Principal Place of Business 3818 SMOKING THUNDER CT TALLAHASSEE, FL 32303	Mailing Address 3818 SMOKING THUNDER CT TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
61-1508954

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent WILSON, MICHAEL 3818 SMOKING THUNDER CT TALLAHASSEE, FL 32303
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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 resigning) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U00000881567 04/16/08-80006-002 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, MICHAEL 3818 SMOKING THUNDER CT TALLAHASSEE, FL 32303
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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: 	4/2/08 850-933-3776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #