

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092866

Entity Name: K & D PAINTING, LLC

FILED  
Aug 08, 2007  
Secretary of State

## Current Principal Place of Business:

1443 PROSSER LN.  
WESTVILLE, FL 32464 US

## New Principal Place of Business:

34 DUFFY LN  
SANTA ROSA BCH, FL 32459 US

## Current Mailing Address:

1443 PROSSER LN.  
WESTVILLE, FL 32464 US

## New Mailing Address:

34 DUFFY LN  
SANTA ROSA BCH, FL 32459 US

FEI Number: 20-5587906      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CARPENTER, KEVIN L  
1443 PROSSER LN  
WESTVILLE, FL 32464 US

## Name and Address of New Registered Agent:

CARPENTER, KEVIN L  
34 DUFFY LN  
SANTA ROSA BCH, FL 32459 US

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.

SIGNATURE: KEVIN L CARPENTER

08/08/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CARPENTER, KEVIN L  
Address: 1443 PROSSER LN  
City-St-Zip: WESTVILLE, FL 32464 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CARPENTER, KEVIN L  
Address: 34 DUFFY LN  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN L. CARPENTER

MGR

08/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date