

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90178 017 ****50.00

DOCUMENT # L06000093028

1. Entity Name
A. M. CLINE PAINTING L.L.C.



Principal Place of Business
1036 W. FAIRBANKS AVE.
ORLANDO, FL 32804 US

Mailing Address
1036 W. FAIRBANKS AVE.
ORLANDO, FL 32804 US

60035334



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-5601335

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLINE, ALLEN MATTHEW
1036 W. FAIRBANKS AVE.
ORLANDO, FL 32804

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

ALLEN MATTHEW CLINE

Matthew Cline

APRIL 6, 2007

Signature, typed or printed name of registered agent and title if applicable.

(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 MGR ☐ Delete
NAME CLINE, ALLEN M
STREET ADDRESS 200 MAITLAND AVE #24
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE MGR ☒ Change ☐ Addition
NAME CLINE, ALLEN M
STREET ADDRESS 1036 W. FAIRBANKS AVE.
CITY-ST-ZIP ORLANDO, FL 32804

TITLE MGR ☐ Delete
NAME CLINE, JODI L
STREET ADDRESS 200 MAITLAND AVE #24
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE MGR ☒ Change ☐ Addition
NAME CLINE, JODI L
STREET ADDRESS 1036 W. FAIRBANKS AVE
CITY-ST-ZIP ORLANDO, FL 32804

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CITY-ST-ZIP

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: ALLEN MATTHEW CLINE

Matthew Cline

APRIL 6, 2007

321-202-1502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #