

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093028

FILED  
Apr 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2627 GRAMERCY DR.  
DELTONA, FL 32738 US

**New Principal Place of Business:**

**Current Mailing Address:**

2627 GRAMERCY DR.  
DELTONA, FL 32738 US

**New Mailing Address:**

FEI Number: 20-5601535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CLINE, ALLEN MATTHEW  
2627 GRAMERCY DR  
DELTONA, FL 32738 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: ALLEN MATTHEW CLINE

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CLINE, ALLEN M  
Address: 1036 WEST FAIRBANKS AVE  
City-St-Zip: ORLANDO, FL 32804 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CLINE, ALLEN M  
Address: 2627 GRAMERCY DR  
City-St-Zip: DELTONA, FL 32738 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: ALLEN MATTHEW CLINE

MGR

04/14/2009

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