2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L06000094655



1. Entity Nam DORSCH	I DAYTONA PAINTS, LLC			Sion				
Principal Place of Business		Mailing Address		60005554				
2517 HOLLY POINT ROAD, EAST ORANGE PARK, FL 32073		2517 HOLLY POINT ROAD, EAST ORANGE PARK, FL 32073						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007	Chg-LLC 6	CR2E083 (12/0	6)	
City & State		City & State		4. FEI Number		×	Applied For Not Applicable	
Zip	Country	Zıp	Country	5. Certificate of	Status Desired	\$5.00 A	Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
HAND, JACK G JR. 200 W. FORSYTH STREET, #1517 JACKSONVIĽLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its region. 8. The above named entity submits this statement for the purpose of changing its region.			City	FL Zip Code				
the obligat	ions of registered agent. Signature, typed or printed name of registered agent				in the State of Florida			
Filing Fee is \$50.00 Due by May 1, 2007		and the n showcase [MOLE	: Registered Agent signature requi	red when reinstating)		heck payable to		
9.	MANAGING MEMBE	RS/MANAGERS	10.	, l	ADDITIONS/CH.	ANGES		
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM DORSCH, JERRY A TRUSTEE 2517 HOLLY POINT ROAD, EAS ORANGE PARK, FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e	
ISTLE NAME STREET ADDRESS CHY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		• • • • • • • • • • • • • • • • • • • •	☐ Chang	e Addition	

☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

NAME

FITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

refer by certify that the trick matter supplied with this ming does not qualify for the exemptions contained in Chapter 119, Florida Statisties. Horner certify that the information
idicated 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
nited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.
made madeling destributed of the reduction of the reducti

☐ Delete

☐ Delete

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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Change

Addition

Addition

FILED

Jan 24, 2007 8:00 am Secretary of State 01-24-2007 90052 023 ****50.00