

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90102 041 ****50.00

DOCUMENT # L06000095215

1. Entity Name
JOSEPH ROSSI PAINTING LLC



Principal Place of Business
**740 NW 3RD ST.
GAINESVILLE, FL 32601**

Mailing Address
**740 NW 3RD ST.
GAINESVILLE, FL 32601**

2. Principal Place of Business No P.O. Box #
740 NW 3rd Street
Suite, Apt. #, etc.

3. Mailing Address
740 NW 3rd Street
Suite, Apt. #, etc.

City & State
GAINESVILLE, FL
Zip **32601** Country

City & State
GAINESVILLE, FL
Zip **32601** Country

02152007 Chg-LLC CR2E083 (12/06)



4. FEI Number **64-0949788** ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEASE, WALTER L
7007 NE 41ST STREET
GAINESVILLE, FL 32609**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE **MGR** ☐ Delete
NAME **ROSSI, JOSEPH**
STREET ADDRESS **740 NW 1ST STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **MGRM** ☐ Delete
NAME **PEASE, WALTER**
STREET ADDRESS **7007 NE 41ST STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE **MGRM** ☐ Delete
NAME **ROSSI, REBECCA**
STREET ADDRESS **15007 NE 146TH AVENUE**
CITY-ST-ZIP **WALDO, FL 32694**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Joey Rossi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/17/07 352-258-8430
Date Daytime Phone #