


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90176 005 ****50.00

DOCUMENT # L06000100284		
1. Entity Name ARKWRIGHT PAINTING LLC		

Principal Place of Business 1173 NW 119TH PLACE BRANFORD, FL 32008	Mailing Address PO BOX 1131 BELL, FL 32619
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60027646



2. Principal Place of Business - No P.O. Box # 10286 S. McClung Loop	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03152007 Chg-LLC CR2E083 (12/06)

City & State HOMOSASSA SPRINGS, FL		City & State	
Zip 34448	Country USA	Zip	Country

4. FEI Number 205705583	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARKWRIGHT, CHRISTOPHER 1173 NW 119TH PLACE BRANFORD, FL 32008		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARKWRIGHT, CHRISTOPHER 1173 NW 119TH PLACE BRANFORD, FL 32008	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Arkwright Christopher 10286 S. McClung Loop HOMOSASSA SPRINGS, FL 34448	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Christopher W. Arkwright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-12-07 352-849-0152
Date Daytime Phone #