

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2007 8:00 am
Secretary of State

07-16-2007 90039 036 ****50.00

DOCUMENT # L06000104715			
1. Entity Name COLE'S PAINTING LLC			
Principal Place of Business 7522 BEACH DRIVE PANAMA CITY, FL 32408		Mailing Address 7522 BEACH DRIVE PANAMA CITY, FL 32408	
2. Principal Place of Business - No P.O. Box # 7422 Beach Dr		3. Mailing Address 7422 Beach Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Panama City FL		City & State Panama City FL	
Zip 32408		Zip 32408	
Country USA		Country USA	
4. FEI Number DOES NOT APPLY TO ME		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLE, JESSE 7522 BEACH DRIVE PANAMA CITY, FL 32408		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 _____ DATE <u>7-12-13</u>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLE, JESSE 7522 BEACH DRIVE PANAMA CITY, FL 32408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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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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: _____		850- 7-12-13 774-1291	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	