2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

L06000105119 **DOCUMENT # L06000105119** FILED 1. Entity Name **GROVER TURNER PAINTING LLC** 07 JUN -5 AH 10: 00 Principal Place of Business Mailing Address PERMITTY ! TALLAHASSEE, FLORIDA 7317 HEATH DRIVE PORT RICHEY FL 34668 7317 HEATH DRIVE PORT RICHEY FL 34668 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, otc. Suite, Apr. #, atc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNER, GROVER H Street Address (P.O. Box Number is Not Acceptable) 7317 HEATH DRIVE PORT RICHEY FL 34668 City 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 Signature, typed or printed nume of registered agent and life # applicable. CATI (NOTE, Registered Apent signature required when revisitating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition 11111 MGR □ Delete TITLE ☐ Change NAME NAME TURNER, GROVER H STREET ADDRESS STREET ADDRESS 7317 HEATH DRIVE CITY-SI-ZIP PORT RICHEY FL 34668 CHY SI-ZIP MALE Delete ☐ Change Addition NAME NAME STREET LADORESS SIRFET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ME Delete ☐ Change Addition NAMI. STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE ☐ Change Addition WE NAME STREET ADDRESS STRULLADORESS CITY-ST-71P CITY-ST-ZIP anc ☐ Delete ☐ Change ☐ Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CHTY-ST ZIP THILE Delete TITLE Change Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-7IP 11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 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 eath; 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.

ER, OR AUTHORIZED REPRESENTATIVE

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