FILED
Apr 30, 2007 8:00 am
Secretary of State
03-02-2007 90185 029 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000114091

1. Entity Name
PAINT PLUS LLC.

Principal Place of Business
2912 BOWDOIN PL
BRADENTON, FL 34207

Mailing Address
2912 BOWDOIN PL
BRADENTON, FL 34207

02012007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2912 Bowdoin Pl.	2912 Bowdoin Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Bradenton Fl. 34207	Bradenton Fl.
City & State	City & State
Zip 34207 Country	Zip 34207 Country

4. FEI Number 20-8362328 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KELIN, SANTANA SR.
2912 BOWDOIN PL
BRADENTON, FL 34207

7. Name and Address of New Registered Agent
Name Kelin Santana
Street Address (P.O. Box Number is Not Acceptable)
2912 Bowdoin Pl.
City Bradenton FL Zip Code 34207

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 name of registered agent and title if applicable. (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	none - self ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NGRM Kelin Santana 2912 Bowdoin Pl Bradenton ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Paint Plus LLC~~ ~~[illegible]~~ 2912 ~~Bowdoin Pl Bradenton~~ Fl 34207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(signature) ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: (signature) 2-28-07 (941)730-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #