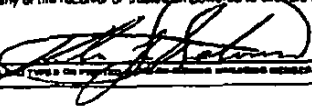


FILED
Apr 30, 2007 8:00 am
Secretary of State

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	
2. Principal Place of Business - No P.O. Box 2912 Bowdoin Pl.		3. Mailing Address 2912 Bowdoin Pl.	
Subs. Apt. #, etc. Bradenton Fl. 34207		Subs. Apt. #, etc. Bradenton Fl.	
City & State 34207		City & State 34207	
Country FL		Country FL	
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 & State: Bradenton FL 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 of agent or principal agent of registered agent and title of agent/agent)			
Filing Fee is \$60.00 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 N6 R M KELIN SANTANA 2912 BOWDOIN PL Bradenton	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP Paint Plus LLC 2912 Bowdoin Pl Bradenton Fl 34207	☐ 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
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: 		2-2807 (941) 730-0086	