2007 LIMITED LIABILITY COMPANY

May 02, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L06000116925 05-02-2007 90339 009 ****50.00 **ERICS PAINTING LLC** AUUDIO Principal Place of Business Mailing Address 9470 S.W. 77TH AVE 9470 S.W. 77TH AVE 0-3 MIÂMI. FL 33156 US MIAMI, FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number 20-5987726 Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHTER, ERIC L Street Address (P.O. Box Number is Not Acceptable) 9470 S.W. 77TH AVE. 0-3 MIAMI FL, FL 33156 3, City Zip Code 8. The above named enfity 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Addition NAME RICHTER, ERIC L NAME STREET ADDRESS 9470 S.W. 77TH AVE. STREET ADDRESS CITY-ST-7IP MIAMI, FL 33156 CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-20-2007

FILED