


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90238 048 \*\*\*143.75

**DOCUMENT # L07000002748**

1. Entity Name  
**PARKING LOT RESTORATION SPECIALISTS LLC**



Principal Place of Business  
**10121 VANCOUVER RD**  
**SPRING HILL, FL 34608 US**

Mailing Address  
**10121 VANCOUVER RD**  
**SPRING HILL, FL 34608 US**

**60014153**



2. Principal Place of Business - No P.O. Box #  
**6045 VALLEYVIEW DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6045 VALLEYVIEW DR**  
 Suite, Apt. #, etc.

01242008 Chg-LLC CR2E083 (12/06)

City & State  
**BROOKSVILLE FL**

City & State  
**BROOKSVILLE FL**

Zip  
**34601** Country  
**USA**

Zip  
**34601** Country  
**USA**

4. FEI Number  
**37-1534615**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BALDWIN, DANIEL R**  
**10121 VANCOUVER**  
**SPRING HILL, FL 34608**

7. Name and Address of New Registered Agent  
 Name **BALDWIN, DANIEL R**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6045 VALLEYVIEW DR**  
 City **BROOKSVILLE FL** Zip Code **34601**

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  **DANIEL R BALDWIN** DATE **3/8/08**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALDWIN, DANIEL R 10121 VANCOUVER RD SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALDWIN, DANIEL R 6045 VALLEYVIEW DR BROOKSVILLE FL 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYNE, JEANNE A 9086 GROVE RD BROOKSVILLE, FL 34613 <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
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

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: **DANIEL R BALDWIN**  DATE **3/8/08** Daytime Phone # **(352) 650-0752**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE