

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016162

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: DAVE UNDERWOOD PAINTING LLC

**Current Principal Place of Business:**

6317 RICE STREET  
MILTON, FL 32583 US

**New Principal Place of Business:**

**Current Mailing Address:**

6317 RICE STREET  
MILTON, FL 32583 US

**New Mailing Address:**

FEI Number: 20-8427623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNDERWOOD, DAVID W  
6317 RICE STREET  
MILTON, FL 32583 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: UNDERWOOD, DAVID W  
Address: 6317 RICE STREET  
City-St-Zip: MILTON, FL 32583 US

Title: MGRM (X) Delete  
Name: UNDERWOOD, SIDNEY L  
Address: 207 ST. REGIS DRIVE  
City-St-Zip: PENSACOLA, FL 32505 US

Title: MGRM (X) Delete  
Name: NEUBAUER, JOHN E 2  
Address: 6317 RICE ST.  
City-St-Zip: MILTON, FL 32583

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID W. UNDERWOOD

MGRM

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date