

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017909

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: PAINT MY HEART FARM LLC

**Current Principal Place of Business:**

18509 LITHIA TOWNE RD.  
LITHIA, FL 33547 US

**New Principal Place of Business:**

3706 MINDEDAHL RD  
PLANT CITY, FL 33567 US

**Current Mailing Address:**

18509 LITHIA TOWNE RD.  
LITHIA, FL 33547 US

**New Mailing Address:**

3706 MINDEDAHL RD  
PLANT CITY, FL 33567 US

FEI Number: 20-8457928      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: FULTZ, JANET C  
Address: 18509 LITHIA TOWNE RD.  
City-St-Zip: LITHIA, FL 33547 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FULTZ, JANET C  
Address: 3706 MINDEDAHL RD  
City-St-Zip: PLANT CITY, FL 33567 US

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: JANET C FULTZ

MGRM

07/07/2008

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