

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021298

Entity Name: T & J PAINTING, LLC

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

8635 JOHN HAMM RD
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

8635 JOHN HAMM RD
MILTON, FL 32583

New Mailing Address:

FEI Number: 56-2644960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, TIM
8635 JOHN HAMM RD
MILTON, FL 32583 US

Name and Address of New Registered Agent:

MANTLO, ANGELA
8635 JOHN HAMM RD
MILTON, FL 32583 US

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: ANGELA MANTLO

04/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARKER, TIM
Address: 8635 JOHN HAMM RD
City-St-Zip: MILTON, FL 32583

Title: MGRM () Delete
Name: MANTLO, JOHN
Address: 8635 JOHN HAMM RD
City-St-Zip: MILTON, FL 32583

Title: MGRM (X) Delete
Name: MANTLO, ANGELA
Address: 8635 JOHN HAMM RD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANTLO, ANGELA
Address: 8635 JOHN HAMM RD
City-St-Zip: MILTON, FL 32583

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: ANGELA MANTLO

MGR

04/17/2008

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