

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034971

Entity Name: REDYAP PAINTING LLC

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

100 BEVERLY DR
NICEVILLE, FL 32578

New Principal Place of Business:

100 BEVERLY DRIVE
NICEVILLE, FL 32578

Current Mailing Address:

100 BEVERLY DR
NICEVILLE, FL 32578

New Mailing Address:

<UNUSED>
NICEVILLE, FL 32578

FEI Number: 01-0891872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COWEN, EDWARD
912 S PALM BLVD
E
NICEVILLE, FL 32578 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: HIPPS, MICHAEL W
Address: 100 BEVERLY DR
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: TIERNEY, LINDA K
Address: 100 BEVERLY DR
City-St-Zip: NICEVILLE, FL 32578

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HIPPS, LINDA K
Address: 100 BEVERLY DR
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Change (X) Addition
Name: GRIFFITH, GREGORY E
Address: 1103-A BAILEY DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: LINDA K HIPPS

MGRM

01/15/2008

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