

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 13, 2008 8:00 am
Secretary of State

05-12-2008 90121 031 ***138.75

DOCUMENT # L07000039761

1. Entity Name

MRB PAINTING LLC



Principal Place of Business

222 N. FERERAL HWY APT. 214-SOUTH
DEERFIELD FL 33441

Mailing Address

222 N. FERERAL HWY APT. 214-SOUTH
DEERFIELD FL 33441

00000000

1st MOORE

CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

80-0192854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOREM, MICHAEL R
222 N. FERERAL HWY APT. 214-SOUTH
DEERFIELD FL 33441

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

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

TITLE MGR
NAME BOREM, MICHAEL R
STREET ADDRESS 222 N. FERERAL HWY APT. 214-SOUTH
CITY- ST- ZIP DEERFIELD FL 33441

☐ Delete

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10. ADDITIONS / CHANGES

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CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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

4/20/08 501-703-6713

Daytime Phone #