

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

508253900593

9/3/2008-90045-013-\$138.75-\$138.75

DOCUMENT # L07000044613	
1. Entity Name TONY WILSON PAINTING, LLC	

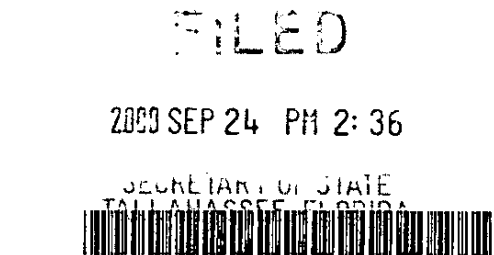


Principal Place of Business 11- 630 W FROSTPROOF FL 33843 US	Mailing Address P. O. BOX 813 BABSON PARK FL 33827 US
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2. Principal Place of Business - No P.O. Box # 255 Chesney Blvd.	3. Mailing Address Suite, Apt. #, etc.
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City & State Frostproof FL	City & State
Zip 33843	Country FL

6. Name and Address of Current Registered Agent WILSON, ANTHONY R 11 - 630 W FROSTPROOF FL 33843	
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4. FEI Number 20-8946921	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 *Tony Wilson Painting* *Anthony R. Wilson* *8-26-08*
Signature, typed or printed name of registered agent and use if applicable. (DO NOT Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILSON, ANTHONY R 11 - 630 W FROSTPROOF FL 33843 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Anthony R. Wilson* *Anthony R. Wilson* *8-26-08* *(863) 528 0222*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #