

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

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90115 044 ***138.75

DOCUMENT # L07000044919

1. Entity Name

TDR PAINTING LLC



Principal Place of Business

5633 OLD RIVER ROAD
BAKER FL 32531

Mailing Address

5633 OLD RIVER ROAD
BAKER FL 32531

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

5633 Old River Rd

3. Mailing Address

5633 Old River Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/07)

City & State

Baker FL 32531

City & State

Baker FL 32531

4. FEI Number

329-62-3407

Applied For

Not Applicable

Zip

32531

Country

OKALOOSA

Zip

32531

Country

OKALOOSA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTON, THOMAS
5633 OLD RIVER ROAD
BAKER FL 32531

7. Name and Address of New Registered Agent

Name
THOMAS BARTON

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

5633 Old River Rd.

City
BAKER

State
FL

Zip Code
32531

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

B. Thomas Barton

3/27/08

Signature typed or printed name of registered agent and filer 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 ☐ Delete
NAME BARTON, THOMAS
STREET ADDRESS 5633 OLD RIVER ROAD
CITY-ST-ZIP BAKER FL 32531

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

B. Thomas Barton

3/27/08 - 850-537-0188

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

Daytime Phone #