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

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90154 005 ***138.75

DOCUMENT # L07000054791

1. Entity Name

PAINTERS ON DEMAND, LLC

Principal Place of Business	Mailing Address
13952 LYNMAR BLVD. TAMPA FL 33626	13952 LYNMAR BLVD. TAMPA FL 33626

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4253 Brentwood Park Cir.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa, FL	
City & State	City & State
Zip: 33624 Country	Zip Country

4. FEI Number: 26-0251815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARLOWE, MCNABB & STAYTON, P.A. 1560 W. CLEVELAND ST. TAMPA FL 33606	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SENDKER, PATRICIA O 13952 LYNMAR BLVD. TAMPA FL 33626	☒ Delete	☐ Change ☐ Addition	Jimene Chris 4253 Brentwood Park Cir Tampa, FL 33624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JIMENEZ, CHRIS ~~13952 LYNMAR BLVD.~~ ~~TAMPA FL 33626~~	☐ Delete	☐ Change ☐ Addition	Quoc Truong 4253 Brentwood Park Cir Tampa, FL 33624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SENDKER, KEVIN 13952 LYNMAR BLVD. TAMPA FL 33626	☒ Delete	☐ Change ☐ Addition	Luis Mejia 4253 Brentwood Park Cir Tampa, FL 33624
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

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: Chris Jimenez 3/19/08 813-318-1826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #