

**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 13952 LYNMAR BLVD. TAMPA FL 33626	Mailing Address 13952 LYNMAR BLVD. TAMPA FL 33626
---	---



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

1st MOORE CR2E083 (10/07)

4. FEI Number 26-0251815	Applied For ☐
5. Certificate of Status Desired ☐	Not Applicable

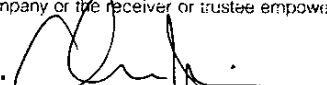
6. Name and Address of Current Registered Agent MARLOWE, MCNABB & STAYTON, P.A. 1560 W. CLEVELAND ST. TAMPA FL 33606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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	(NOTE: Registered Agent signature required when reinstating)	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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENKER, PATRICIA O 13952 LYNMAR BLVD. TAMPA FL 33626 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jimenez Chris 4253 Brentwood Park Cir TAMPA, FL 33624 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JIMENEZ, CHRIS 13952 LYNMAR BLVD. TAMPA FL 33626 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quoc Truong 4253 Brentwood Park Cir TAMPA, FL 33624 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENKER, KEVIN 13952 LYNMAR BLVD. TAMPA FL 33626 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luis Mejia 4253 Brentwood Park Cir TAMPA, FL 33624 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 #