

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055081

FILED
Sep 02, 2008
Secretary of State

Entity Name: THE PAINT MAN LLC

Current Principal Place of Business:

124 CHERRY ST
NEPTUNE BEACH, FL 32266 US

New Principal Place of Business:

209 SOLANO CAY CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

209 SOLANO CAY CR
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

209 SOLANO CAY CIRCLE
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 26-0231659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REES, TIMOTHY B
209 SOLANO CAY CR
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REES, TIMOTHY B
Address: 209 SOLANO CAY CR
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Delete
Name: BELLOMY-REES, KATHLEEN M
Address: 209 SOLANO CAY CR
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN BELLOMY-REES

MRRM

09/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date