

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Sep 15, 2009  
Secretary of State**

DOCUMENT# L07000059098

Entity Name: GIACOBBI PAINTING LLC

**Current Principal Place of Business:**

7718 LOOKOUT POINT DR  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

7718 LOOKOUT POINT DR  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 45-0564026      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

GIACOBBI, BARRY  
7718 LOOKOUT POINT DR  
JACKSONVILLE, FL 32210      US

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: MGRM      ( ) Delete  
Name: GIACOBBI, BARRY  
Address: 7718 LOOKOUT POINT DR  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES:**

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: BARRY GIACOBBI

MGRM

09/15/2009

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