



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90106 036 ***138.75

DOCUMENT # L07000066290 1. Entity Name RITE PAINTING, L.L.C.					
Principal Place of Business 108 BRIDGEPORT WAY KISSIMMEE, FL 34758			Mailing Address 108 BRIDGEPORT WAY KISSIMMEE, FL 34758		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0430341	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARTE, REINALDO 108 BRIDGEPORT WAY KISSIMMEE, FL 34758				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	MGR- MARTE, REINALDO 108 BRIDGEPORT WAY KISSIMMEE, FL 34758	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTE, YNES 108 BRIDGEPORT WAY KISSIMMEE, FL 34758	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 2/25/08 Daytime Phone # 321-250-0899		

60011449



02252008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0430341** Applied For Not Applicable

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

MARTE, REINALDO
108 BRIDGEPORT WAY
KISSIMMEE, FL 34758

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**

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10. ADDITIONS/CHANGES

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NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR-
MARTE, REINALDO
108 BRIDGEPORT WAY
KISSIMMEE, FL 34758**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MARTE, YNES
108 BRIDGEPORT WAY
KISSIMMEE, FL 34758**

☐ Change ☐ Addition

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Date **2/25/08** Daytime Phone # **321-250-0899**