

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**09 SEP 25 PM 12:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # L07000069836**

1. Entity Name  
**NORTH FLA. PAINTING LLC**



Principal Place of Business  
**2990 STONYBROOK COURT  
TALLAHASSEE, FL 32308**

Mailing Address  
**PO BOX 14144  
TALLAHASSEE, FL 32317**

2. Principal Place of Business - No P.O. Box #  
**113 HIAWATHA FARMS**  
Suite, Apt. #, etc. **RD.**

3. Mailing Address  
Suite, Apt. #, etc.



09252009 Chg-LLC CR2E083 (11/08)

City & State  
**MONTICELLO, FL**  
Zip  
**32344**

City & State

4. FEI Number  
**74-3220059**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BISHOP, RANDY  
2990 STONYBROOK COURT  
TALLAHASSEE, FL 32308**

**7. Name and Address of New Registered Agent**

Name **JERRY HANCOCK**  
Street Address (P.O. Box Number is Not Acceptable) **113 HIAWATHA FARMS RD.**  
City **MONTICELLO** FL **32344**

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

*[Signature]*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 25, 2009**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HANCOCK, JERRY  
113 HIAWATHA FARMS RD  
MONTICELLA, FL 32344** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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**100161049101  
09/25/09--01022--015 \*\*138.75**

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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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #