

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070783

FILED
Jan 08, 2008
Secretary of State

Entity Name: BLUE SKY PAINT & WALLPAPER REMOVAL, LLC

Current Principal Place of Business:

4708 L.B. MCLEOD ROAD, SUITE A
ORLANDO, FL 32811

New Principal Place of Business:

4708 L.B. MCLEOD ROAD
SUITE A
ORLANDO, FL 32811

Current Mailing Address:

4708 L.B. MCLEOD ROAD, SUITE A
ORLANDO, FL 32811

New Mailing Address:

4708 L.B. MCLEOD ROAD
SUITE A
ORLANDO, FL 32811

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLESEN, CLAYTON L
2923 BLAKELY DRIVE
ORLANDO, FL 32835 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: MGRM () Delete
Name: OLESEN, CLAYTON L III
Address: 2923 BLAKELY DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Delete
Name: GILGALLON, JACQUIE
Address: 3919 WINDING LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Delete
Name: OLESEN, MARK
Address: 456 9TH STREET, APT. 22
City-St-Zip: HOBOKEN, NJ 07030

ADDITIONS/CHANGES:

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

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: MARK OLESEN

CFO

01/08/2008

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