

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000113167

1. Entity Name
DNK PAINTING LLC



Principal Place of Business
9 SUMMERWIND CR EAST
CRAWFORDVILLE, FL 32327

Mailing Address
9 SUMMERWIND CR EAST
CRAWFORDVILLE, FL 32327

FILED
08 MAR 24 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112008No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
26-1378469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRASCZYK, DONALD
9 SUMMERWIND CR EAST
CRAWFORDVILLE, FL 32327

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KRASCZYK, DONALD
9 SUMMERWIND CR EAST
CRAWFORDVILLE, FL 32327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KRASCZYK, NANCY
9 SUMMERWIND CR EAST
CRAWFORDVILLE, FL 32327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500121072105
03/24/08--01011--009 **138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #