## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT CUMENT # L07000117192 TCHESTER PAINTING SERVICES, LLC FILED Jun 17, 2008 8:00 am Secretary of State 04-30-2008 90033 028 \*\*\*138.75

**DOCUMENT #L07000117192** 04-30-2008 90033 028 \*\*\*138.75 WESTCHESTER PAINTING SERVICES, LLC 30009447 Principal Place of Business Mailing Address 23108 POST GARDENS WAY 23108 POST GARDENS WAY APT 204 APT 204 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 CR2E083 (12/06) 4. FEI Number 1330523 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOMEZ, YOHN F Street Address (P.O. Box Number is Not Acceptable) 23108 POST GARDENS WAY **APT 204 BOCA RATON, FL 33433** City Zip Code 9. 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 SIGNATURE Signature, typed or primad name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE Change TITLE ☐ Addition WHAT. COMEE 3108 POST GARRAS NAV APT 204 MARATON FL 33433 NUME NAME STREET ADVOKESS STREET ADDRESS CITY-S1-ZIP TITLE ☐ Delata TITLE ☐ Changa ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition NALICE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-719 CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition HASE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: 0/23/08 843-552-2527
BIGHATURE AND TYPED OR PRINTED HAME OF BIGHING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Data Dayling Prova P