

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90039 016 \*\*\*143.75

<b>DOCUMENT # L07000117477</b>		
1. Entity Name <b>JOHN PENDER PAINTING LLC</b>		
Principal Place of Business <b>15501 BRUCE B DOWNS 2302 TAMPA FL 33647</b>		Mailing Address <b>15501 BRUCE B DOWNS 2302 TAMPA FL 33647</b>
2. Principal Place of Business - No P.O. Box # <b>15439 Plantation Oaks Dr. #8</b> Suite, Apt. #, etc.	3. Mailing Address <b>15439 Plantation Oaks Dr. #8</b> Suite, Apt. #, etc.	
City & State <b>Tampa FL</b>	City & State <b>Tampa FL</b>	
Zip <b>33647</b>	Zip <b>33647</b>	
Country	Country	



2nd MOORE CR2E083 (4/08)

4. FEI Number <b>113828234</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>PENDER, JOHN MGR 15501 BRUCE B DOWNS 2302 TAMPA FL 33647</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <b>John Pender</b> (NOTE: Registered Agent signature required when reinstating) DATE: <b>9/2/08</b>		

**FILE NOW!!! FEE IS \$538.75**  
**Make Check Payable to Florida Department of State**  
**Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENDER, JOHN MGR 15501 BRUCE B DOWNS, 2302 TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Pender, John MGR 15439 Plantation Oaks Drive #8 Tampa FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **John Pender** **9/25/08** **321-443-3050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #