

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118630

FILED
Apr 02, 2008
Secretary of State

Entity Name: GRAHAM PAINTING SERVICE LLC

Current Principal Place of Business:

435 NE 121 STREET
305
NORTH MIAMI, FL 33161 DA

New Principal Place of Business:

2000 NW 134 ST
OPA LOCKA, FL 33167 DA

Current Mailing Address:

435 NE 121 STREET
305
NORTH MIAMI, FL 33161 DA

New Mailing Address:

2000 NW 134 ST
OPA LOCKA, FL 33167 DA

FEI Number: 39-2066863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, VERONA
435 NE 121 STREET
305
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

GRAHAM, EARL
2000 NW 134 ST
OPA LOCKA, FL 33167 US

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: EARL GRAHM

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRAHAM, EARL
Address: 435 NE 121 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: MGR () Delete
Name: GRAHAM, VERONA
Address: 435 NE 121 STREET #305
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRAHAM, EARL
Address: 2000 NW 134 ST
City-St-Zip: OPA LOCKA, FL 33167

Title: MGR (X) Change () Addition
Name: GRAHAM, EARL
Address: 2000 NW 134 ST
City-St-Zip: OPA LOCKA, FL 33167

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: EARL GRAHAM

M,GR

04/02/2008

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