LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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FILED

2010 JUN 10 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000121805

1. Entity Name
Bakers' Painting & Pressure Cleaning LLC

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CR2E083B (11/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1050 OSPrey Way	1050 OSPrey Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland FL.	City & State: Lakeland FL.
Zip: 33809 Country:	Zip: 33809 Country:

4. FEI Number: 830501296 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James Baker

Street Address (P.O. Box Number is Not Acceptable): 1050 OSPrey Way

City: Lakeland FL Zip Code: 33809

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: James Baker (Required when mailed. Typed or printed name of registered agent and title if applicable.) DATE: 6/9/10

January 1 - May 1 Fee is $138.75
After May 1, Fee is $538.75
Amended AR is $50.00
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	James Baker
STREET ADDRESS	1050 OSPrey way
CITY-ST-ZIP	Lakeland FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

10.

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06/11/10--01012--011 **138.75

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T. CLINE

JUN 11 2010

EXAMINER

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 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: James Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/9/10 (863) 430-6208
Date Daytime Phone #