2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State
05-06-2008 90007 017 ***138.75

DOCUMENT # L07000122576

1. Entity Name
WALTRIP DANA PAINTING L.L.C.

Principal Place of Business	Mailing Address
1920 MARION COUNTY ROAD LOT # 35 WEIRSDALE, FL 32195	1920 MARION COUNTY ROAD LOT # 35 WEIRSDALE, FL 32195

03062008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
N/A		N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-4622055 — ✓ Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WALTRIP, DANA A
1920 MARION COUNTY ROAD
LOT # 35
WEIRSDALE, FL 32195

7. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / manager Dana Waltrip 1920 marion ct. Rd lot 35 Weirsdale, FL 32195	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Dana Waltrip — March 25th 08 — 352 638-2279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #