

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123000

Entity Name: PAINTER'S HANDS LLC

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

548 MURRAY STREET  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

7330 BURLINGAME COURT  
JACKSONVILLE, FL 32211 US

**Current Mailing Address:**

548 MURRAY STREET  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

7330 BURLINGAME COURT  
JACKSONVILLE, FL 32211 US

FEI Number: 59-1094312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCCOY, CHARLES T  
548 MURRAY STREET  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

MCCOY, CHARLES T  
7330 BURLINGAME COURT  
JACKSONVILLE, FL 32211 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: CHARLES TRAVIS MCCOY

03/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCCOY, CHARLES T  
Address: 7330 BURLINGAME COURT  
City-St-Zip: JACKSONVILLE, FL 32211 US

I hereby 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: CHARLES TRAVIS MCCOY

MGRM

03/02/2010

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