


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90023 036 \*\*\*138.75

DOCUMENT # L07000124146	
1. Entity Name FINEST LINES PAINTING LLC	

Principal Place of Business 35 S & S RANCH CIRCLE CRAWFORDVILLE, FL 32327	Mailing Address 35 S & S RANCH CIRCLE CRAWFORDVILLE, FL 32327
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60036939

2. Principal Place of Business - No P.O. Box # 3380 Fred George Rd. Suite, Apt. #, etc. Apt. 717 City & State Tallahassee FL Zip 32303 Country Leon	3. Mailing Address 3380 Fred George Rd. Suite, Apt. #, etc. Apt. 717 City & State Tallahassee FL Zip 32303 Country Leon
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04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DYKES, MATTHEW C 35 S & S RANCH CIRCLE CRAWFORDVILLE, FL 32327	7. Name and Address of New Registered Agent Name Matthew DYKES Street Address (P.O. Box Number is Not Acceptable) 3380 Fred George Rd. Apt. 717 City Tallahassee FL Zip Code 32303
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DYKES, MATTHEW C 35 S & S RANCH CIRCLE CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Matthew Dykes 3380 Fred George Rd. Tallahassee FL 32303 <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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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

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: Matthew Dykes 4/30/08 (850) 212-6553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #