

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002315

FILED
Apr 27, 2009
Secretary of State

Entity Name: SHILOH PAINTING & PRESSURE WASHING, LLC

Current Principal Place of Business:

109 SOUTH AVENUE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

115 CHESTNUT AVENUE
FORT WALTON BEACH, FL 32548

Current Mailing Address:

109 SOUTH AVENUE
FORT WALTON BEACH, FL 32547

New Mailing Address:

115 CHESTNUT AVENUE
FORT WALTON BEACH, FL 32548

FEI Number: 93-1336262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLIN, SHAWN G
5 BEDFORD PLACE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALLIN, SHAWN G
Address: 5 BEDFORD PLACE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: FRASURE, JASON M
Address: 80 NORTH AVENUE
City-St-Zip: FREEPORT, FL 32439

Title: MGRM () Delete
Name: ROMERO, SERGIO G
Address: 1919 ESTIVAL ST
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JASON FRASURE

MGRM

04/27/2009

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