# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2009**
**Secretary of State**

DOCUMENT# L08000015484

**Entity Name:** TIMOTHY J. GILLAN PAINTING AND PRESSURE WASHING "LLC"

**Current Principal Place of Business:**

216 BRIDLE PATH
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

216 BRIDLE PATH
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CAROL, GILLAN-STUM
216 BRIDLE PATH
CASSELBERRY, FL 32707 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: MGR ( ) Delete
Name: GILLAN, TIMOTHY J
Address: 216 BRIDLE PATH
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR ( ) Delete
Name: GILLAN-STUM, CAROL A
Address: 216 BRIDLE PATH
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR ( ) Delete
Name: WILD, TRACY L
Address: 2454 CAROLTON ST
City-St-Zip: MAITLAND, FL 32751

**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: CAROL GILLAN-STUM MGR 04/27/2009

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