

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024916

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: GREAT WAY PAINTING AND SERVICES, LLC

## Current Principal Place of Business:

522 OLYMPIC VILLAGE  
APT. 101  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

18954 SW 83RD PLACE BUILDING 11  
APT#1  
MIAMI, FL 33157 US

## Current Mailing Address:

522 OLYMPIC VILLAGE  
APT. 101  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

18954 SW 83RD PLACE BUILDING 11  
APT#1  
MIAMI, FL 33157 US

FEI Number: 26-2151581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARRA, GRISSEL  
522 OLYMPIC VILLAGE  
APT. 101  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

PARRA, GRISSEL  
18954 SW 83RD PL BLDG 11  
APT#1  
MIAMI, FL 33157 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: GRISSEL PARRA

04/08/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PARRA, GRISSEL  
Address: 522 OLYMPIC VILLAGE APT. 101  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PARRA, GRISSEL  
Address: 18954 SW 83RD PL BLDG 11 APT 1  
City-St-Zip: MIAMI, FL 33157 US

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: GRISSEL PARRA

MGRM

04/08/2009

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