

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070209

FILED
Jun 22, 2009
Secretary of State

Entity Name: W.W. PAINTING OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

1229 LK DEESON WOODS LN
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

P O BOX 1111
KATHLEEN, FL 33849

New Mailing Address:

1229 LK DEESON WOODS LN
LAKELAND, FL 33805

FEI Number: 26-3060413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, CLINT
1229 LK DEESON WOODS LN
LAKELAND, FL 33805 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: WALKER, CLINT
Address: P O BOX 1111
City-St-Zip: KATHLEEN, FL 33849

Title: MGRM () Delete
Name: O'SULLIVAN, BOBBY
Address: P O BOX 1111
City-St-Zip: KATHLEEN, FL 33849

Title: MGRM () Delete
Name: WALKER, VICKI
Address: P O BOX 1111
City-St-Zip: KATHLEEN, FL 33849

Title: MGRM () Delete
Name: LINTON, JAMES
Address: P O BOX 1111
City-St-Zip: KATHLEEN, FL 33849

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:

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: VICTORIA WALKER

MGRM

06/22/2009

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