

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000070209

**FILED**  
**Jul 05, 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:**1229 LK DEESON WOODS LN  
LAKELAND, FL 33805**New Mailing Address:****FEI Number:** 26-3060413**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****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 33849Title: MGRM ( ) Delete  
Name: O'SULLIVAN, BOBBY  
Address: P O BOX 1111  
City-St-Zip: KATHLEEN, FL 33849Title: MGRM ( ) Delete  
Name: WALKER, VICKI  
Address: P O BOX 1111  
City-St-Zip: KATHLEEN, FL 33849Title: MGRM ( ) Delete  
Name: LINTON, JAMES  
Address: P O BOX 1111  
City-St-Zip: KATHLEEN, FL 33849Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**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:Title: MGRM ( ) Change (X) Addition  
Name: WALKER, KELLY  
Address: PO BOX 1111  
City-St-Zip: KATHLEEN, FL 33849

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: VICKI WALKER

MGRM

07/05/2009

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