

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092649

Entity Name: A TOTAL PAINT CO. LLC.

FILED  
Sep 01, 2009  
Secretary of State

**Current Principal Place of Business:**

909 N. LIBERTY ST., M250  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

909 N. LIBERTY ST., M250  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 32-0197924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LANE, WILLIE MAE  
4088 BARNES RD., APT. 804  
JACKSONVILLE, FL 32207 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: LANE, WILLIE MAE  
Address: 4088 BARNES RD., APT. 804  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR ( ) Delete  
Name: LANE, WILBERT J.  
Address: 909 N. LIBERTY ST., M250  
City-St-Zip: JACKSONVILLE, FL 32206

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LANE, WILBERT J.  
Address: 4088 BARNES RD., APT. 804  
City-St-Zip: JACKSONVILLE, FL 32207

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: WILBERT JEROME LANE

MGR

09/01/2009

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