

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100499

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** PORTER PAINTING AND WOODWORKING, LLC

**Current Principal Place of Business:**

221 FLIVA AVE SW  
FT. WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

1824 HEARTLAND CIR  
FT. WALTON BEACH, FL 32547 US

**New Mailing Address:**

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

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: PORTER, BRUCE  
Address: 221 FLIVA AVE SW  
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: MGRM ( ) Delete  
Name: PORTER, RANDY  
Address: 1824 HEARTLAND CIR  
City-St-Zip: FT. WALTON BEACH, FL 32547 US

**ADDITIONS/CHANGES:**

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: BRUCE PORTER

MR.

04/20/2009

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