

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000025574

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** CAPITOL CITY PAINTING & REPAIR L.L.C.

**Current Principal Place of Business:**

1370 OCALA RD #102  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

1630 BALKIN RD  
162  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

1370 OCALA RD #102  
TALLAHASSEE, FL 32304

**New Mailing Address:**

1630 BALKIN RD  
162  
TALLAHASSEE, FL 32305

**FEI Number:** 80-0564180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAVES, GARY  
1370 OCALA RD #102  
TALLAHASSEE, FL 32304 US

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

GRAVES, GARY  
1630 BALKIN RD  
162  
TALLAHASSEE, FL 32305 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: GARY GRAVES

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRAVES, GARY  
Address: 1370 OCALA RD #102  
City-St-Zip: TALLAHASSEE, FL 32304

I hereby 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: GARY GRAVES

MGRM

04/27/2012

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