

FILE NOW: Fee after May 1, will be \$588.75

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AND
FILED

97 FEB -5 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L96000000034**

L. C. PAINTING, L.C.
101 NORTH WOODLAND BOULEVARD
SUITE 206
DELAND FL 32720

1a. Principal Place of Business Address

101 NORTH WOODLAND BOULEVARD
SUITE 206
DELAND FL 32720

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

661 N. SPRING GARDEN

2a. Mailing Address

P.O. BOX 3627

Suite, Apt. #, etc.

SUITE #5

Suite, Apt. #, etc.

City & State

DELAND, FL

City & State

DELAND, FL

Zip

32720

Country

USA

Zip

32723

Country

USA

3. Date Organized or Qualified

01/01/1996

3a. State of Formation

FL

4. FEI Number

59-3352831

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

See Instructions for Required ☐

7. Name and Address of Current Registered Agent

DAVIS, JEANETTE G
809 EASTOVER CIRCLE
DELAND FL 32724

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	COOLEY, LARRY	2281 BANNISTER	DELTONA FL
MGRM	DAVIS, ROBERT D.	809 EASTOVER CIR	DELAND, FL. 32724
			100002081901--6 -02/07/97--01097--001 ***203.75 ***203.75
			A. Alan 2/5/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

ROBERT D. DAVIS

1-31-97 (904) 734-0824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #