**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 25, 2015**
**Secretary of State**
**CC0399919069**

DOCUMENT# L11000100705

**Entity Name:** JOHNS TRADITIONAL PAINTING, LLC

**Current Principal Place of Business:**

7015 MAULDIN LANE
JACKSONVILLE, FL 32244

**Current Mailing Address:**

7015 MAULDIN LANE
JACKSONVILLE, FL 32244 US

**FEI Number: 61-1658797**

**Certificate of Status Desired:** No

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

LOWRY, JOHN G
7015 MAULDIN LANE
JACKSONVILLE, FL 32244 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:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGRM | Title | MGRM |
| Name | LOWRY, JOHN | Name | LOWRY, MARK L |
| Address | 7015 MAULDIN LANE | Address | 5975 110TH ST. UNIT #13 |
| City-State-Zip: | JACKSONVILLE FL 32244 | City-State-Zip: | JACKSONVILLE FL 32244 |

| | |
|---|---|
| Title | MGRM |
| Name | PATRY, ROBERT J |
| Address | 2103 CANDLEWOOD CT |
| City-State-Zip: | MIDDLEBURG FL 32268 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: JOHN LOWRY OWNER 04/25/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date