2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State
06-18-2004 90157 012 ****50.00

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1. Entity Name
HIGH TECH COATINGS, LLC

Principal Place of Business
10801-8 ENDEAVOUR WAY
LARGO, FL 33777

Mailing Address
22550 AUTUMN PARK BLVD
NOVI, MI 48374

34UUJ2UU

08102004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
2273 ALAQUA DR
Suite, Apt. #, etc.
City & State
Longwood FL
Zip 32779 Country

4. FEI Number
59-3691312
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NOZOL, JAMIE R
3242 MEADOWRIDGE DR
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent
Name STEVEN NEZOL
Street Address (P.O. Box Number is Not Acceptable)
3342 MEADOWRIDGE DR
City MELBOURNE FL Zip Code 32901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Steven Nezol 6/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM REMUS, RONALD L 22550 AUTUMN PARK BLVD NOVI, MI 48374	☒ Delete	MGRM REMUS, RONALD L 2273 ALAQUA DR LONGWOOD, FL 32779	☒ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: Ronald L Remus 7-13-04 407-333-3051
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #