

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017269

Entity Name: P & R CANVAS, LLC

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

2965 W. STATE ROAD 84
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2965 W. STATE ROAD 84
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-1138784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IRVINE, GEORGE M III
2965 W. STATE ROAD 84
FORT LAUDERDALE, FL 33312 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: VP () Delete
Name: COLLER, SCOT M
Address: 2965 W STATE ROAD 84
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGR () Delete
Name: POPIEL, ROBERT F JR
Address: 2945 W STATE ROAD 84
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: P () Delete
Name: IRVINE, GEISER M III
Address: 2465 W STATE RD 84
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: IRVINE, GEORGE M III
Address: 2465 W STATE RD 84
City-St-Zip: FORT LAUDERDALE, FL 33312

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: SCOT M. COLLER

VP

02/17/2009

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