

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000027974**

**1. Entity Name**

**EMBELLISHED SURFACES, L.L.C.**



**Principal Place of Business**

**2011 SPIRIT LAKE ROAD  
WINTER HAVEN, FL 33880**

**Mailing Address**

**2011 SPIRIT LAKE ROAD  
WINTER HAVEN, FL 33880**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**01-0751430**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PLEMMONS, LISA G  
2011 SPIRIT LAKE ROAD  
WINTER HAVEN, FL 33880**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000787035  
01/17/08-80068-008 138.75

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGR  
**NAME** PLEMMONS, LISA G  
**STREET ADDRESS** 2011 SPIRIT LAKE ROAD  
**CITY-ST-ZIP** WINTER HAVEN, FL 33880

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IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Lisa G. Plemmons Lisa G. PLEMMONS 1.10.08 863.294.4220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #