

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90075 021 ****50.00

DOCUMENT # L03000008074

1. Entity Name
PREMIUM COATINGS, LLC



Principal Place of Business
2801 PGA BLVD. SUITE 101
C/O STUART B. KLEIN PA
PALM BEACH GARDENS, FL 33410

Mailing Address
2801 PGA BLVD. SUITE 101
C/O STUART B. KLEIN PA
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142007 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2330670

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACMILLAN, LEBARON
2801 PGA BLVD. SUITE 101
PALM BEACH GARDENS, FL 33410

Name

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

City

FL

Zip Code

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME PINET, LUCIEN
STREET ADDRESS 2271 HEMMINGWAY DR
CITY-ST-ZIP BURLINGTON ONT, CN 17p 4n2

TITLE MGRM ☐ Change ☒ Addition
NAME MACMILLAN, LEBARON
STREET ADDRESS 1141 KING ROAD, SUITE 3A
CITY-ST-ZIP BURLINGTON, ONTARIO L7R 3X5

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Lebaron MacMillan

2/22/07

L.W. MacMillan

905 333-0207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #