

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jun 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000008371

1. Entity Name
COLORS BY SUNXER, LLC



Principal Place of Business
**TOWN CTR BOCA RATON
6000 GLADES RD
BOCA RATON, FL 33431**

Mailing Address
**TOWN CTR BOCA RATON
6000 GLADES RD
BOCA RATON, FL 33431**



05162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0505163

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILMAN, HEATHER
728 SUNNY PINE WAY, APT. B3
WEST PALM BEACH, FL 33415**

**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

HEATHER GILMAN

[Signature]

5/25/05

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LIBERMAN, ILENE
6000 GLADES ROAD
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LIBERMAN, PAUL
6000 GLADES ROAD
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000368891
06/02/05-80005-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]

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

5/23/05

DATE

561392 2707

DAYTIME PHONE #