

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000030595

Entity Name: ALL AMERICAN COATINGS, LLC

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

3029 CORAL STRIP PARKWAY
GULF BREEZE, FL 32563 US

New Principal Place of Business:

3749 D GULF BREEZE PARKWAY
248
GULF BREEZE, FL 32563 US

Current Mailing Address:

3029 CORAL STRIP PARKWAY
GULF BREEZE, FL 32563 US

New Mailing Address:

3749 D GULF BREEZE PARKWAY
248
GULF BREEZE, FL 32563 US

FEI Number: 20-0158019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EASON, ALAN K
3029 CORAL STRIP PARKWAY
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

EASON, ALAN K
3749 D GULF BREEZE PARKWAY
248
GULF BREEZE, FL 32563 US

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: ALAN EASON

04/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EASON, ALAN K
Address: 3029 CORAL STRIP PARKWAY
City-St-Zip: GULF BREEZE, FL 32564 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EASON, ALAN K
Address: 3749 D GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32564 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN EASON

MGRM

04/18/2006

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