2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 24, 2005 08:00 AM Secretary of State DOCUMENT # L03000044030 1. Entity Name CUSTOM PAINTING BY ROGER DUPPSTADT LLC Principal Place of Business Mailing Address 615 SWALLOW DR CASSELBERRY FL 32707 615 SWALLOW DR CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 20-0384280 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DURRSTADT, ROGER R Street Address (P.O. Box Number is Not Acceptable) 615 SWALLOW DR CASSELBERRY FL 32707 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NO) E Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR Addition HUFE Change Delete U00000195081 DUPPSTADT, ROGER E NAME 01/26/05-80013-018 55.00 STREET ADDRESS 615 SWALLOW DR STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CHY-SI-ZIP ☐ Addition ☐ Change TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete arte ☐ Change Addition THEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition [] Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIFLE Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZiP TITLE Delete HILF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.9.07(3)(1), 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.

FILED