

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047938

FILED
Jan 20, 2006
Secretary of State

Entity Name: SHARRETT COMMERCIAL COATINGS & MILLWORK, L.L.C.

Current Principal Place of Business:

4617 S. GARY AVENUE
LAKELAND, FL 33813

New Principal Place of Business:

3003 BROOKS STREET
1
LAKELAND, FL 33803

Current Mailing Address:

4617 S. GARY AVENUE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 20-0428023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARRETT, THOMAS E
4617 S. GARY AVENUE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHARRETT, TOM E
Address: 4617 GARY AVENUE
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: SHARRETT, DANIEL
Address: 331 EASTON DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: MGRM () Delete
Name: SHARRETT, THOMAS C
Address: 1501 SHORE ACRES DRIVE
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHARRETT, THOMAS E
Address: 4617 GARY AVENUE
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS E. SHARRETT

MGRM

01/20/2006

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