


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90129 042 ****55.00

DOCUMENT # L03000051542		
1. Entity Name WALL COVERING SPECIALIST, LLC		

Principal Place of Business 5501 97TH WAY NORTH ST PETERSBURG, FL 33708	Mailing Address 5501 97TH WAY NORTH ST PETERSBURG, FL 33708
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2. Principal Place of Business <i>Peninsula Center</i> Suite, Apt. #, etc.	3. Mailing Address <i>5501 97TH WAY NO.</i> Suite, Apt. #, etc.
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City & State <i>St. Petersburg</i>	City & State <i>St. Petersburg</i>
Zip <i>33708</i>	Country <i>FL</i>



03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number <i>73-168-8123</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COFFY, BRUCE L 5501 97TH WAY NORTH ST PETERSBURG, FL 33708	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Bruce L. Coffy</i> <i>Bruce L. Coffy</i> <i>2-29-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (For TC: Registered Agent signature required when amending)</small> DATE	
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFY, BRUCE L 5501 97TH WAY NORTH ST PETERSBURG, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <i>Bruce L. Coffy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<i>2-29-04</i> <i>727-391-9992</i> <small>Date Daytime Phone #</small>
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