2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90112 050 ****55.00

DOCUMENT # L03000051550

1. Entity Name
COFFY WALLCOVERING, LLC

Principal Place of Business	Mailing Address
8326 CLERMONT ST TAMPA, FL 33637	8326 CLERMONT ST TAMPA, FL 33637

24062551

03292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Hillsborough County Suite, Apt. #, etc.	8326 Clermont st. Suite, Apt. #, etc.
City & State: Tampa FL,	City & State: Tampa FL,
Zip: 33637 Country: USA	Zip: 33637 Country: U.S.A

4. FEI Number: L03000051550 — Applied For / ☑ Not Applicable

5. Certificate of Status Desired ☑ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COFFY, JASON L 8326 CLERMONT ST TAMPA, FL 33637	Name: Jason Coffy Street Address (P.O. Box Number is Not Acceptable): 8326 Clermontst City: Tampa FL. FL Zip Code: 33637

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 [signature] Melinda Sue Bonard Notary Public 4/30/04 DATE 4-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re... reinstating)

MELINDA SUE BONARD
Notary Public - State of Florida
MyCommissionExpiresNov 18, 2007
Commission # DD 268574
Bonded By National Notary Assn.

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS — 10. ADDITIONS/CHANGES

TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COFFY, JASON L		NAME		
STREET ADDRESS	8326 CLERMONT ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33637		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ 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 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.

SIGNATURE: [signature] 4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER OR AUTHORIZED — Date — Daytime Phone #

Melinda Sue Bonard
Notary Public
4/30/04

MELINDA SUE BONARD
Notary Public - State of Florida
MyCommissionExpiresNov 18, 2007
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