


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000053806**

1. Entity Name  
UNIQUE COATINGS, LLC



Principal Place of Business      Mailing Address

483 HALLCREST TERRACE      483 HALLCREST TERRACE  
PORT CHARLOTTE, FL 33954      PORT CHARLOTTE, FL 33954

**DO NOT WRITE IN THIS SPACE**



04282005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 45-0520587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHISLER, GARY T  
483 HALLCREST TERRACE  
PORT CHARLOTTE, FL 33954

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHISLER, GARY T 483 HALLCREST TERRACE PORT CHARLOTTE, FL 33954
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05/04/05-80132-010 50.00

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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: Gary T. Shisler      04-29-05      Date  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #