


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L03000054393 1. Entity Name COLORTONE OF OCALA LLC |  |
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|---|---|
| Principal Place of Business 6011 SW 112TH PL RD OCALA, FL 34476 | Mailing Address 6011 SW 112TH PL RD OCALA, FL 34476 |
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DO NOT WRITE IN THIS SPACE



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|-----------------------------|-------------------------------|--|--|
| 03212008 No Chg-LLC | | CR2E083 (12/07) | |
| 4. FEI Number 20-0494546 | 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

GRENELL, TIMOTHY R
 6011 SW 112TH PL RD
 OCALA, FL 34476

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRENELL, TIMOTHY R 6011 SW 112TH PL RD OCALA, FL 34476 |
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 05/29/08-80013-019 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Timothy Grenell Date: 4-29-08 Daytime Phone #: 875-6058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #