

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90079 030 \*\*\*\*50.00

**DOCUMENT # L03000054452**

**1. Entity Name**  
**CEMENTITIOUS COATINGS LLC**



**Principal Place of Business**

**3621 SE 66 PLACE  
OCALA, FL 34480**

**Mailing Address**

**3621 SE 66 PLACE  
OCALA, FL 34480**



02172005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**43-2038133**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GRIGGS, JAMES  
3621 SE 66 PLACE  
OCALA, FL 34480**

**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**

*James T. Griggs*  
Signature, typed or printed name of registered agent and title if applicable.

*James T. Griggs member*

(NOTE: Registered Agent signature required when reinstating)

*4/12/05*  
DATE

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

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM / member</b>
<b>NAME</b>	<b>GRIGGS, JAMES</b>
<b>STREET ADDRESS</b>	<b>3621 SE 66 PLACE</b>
<b>CITY - ST - ZIP</b>	<b>OCALA, FL 34480</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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.**

*352-367-6248*

**SIGNATURE:**

*James T. Griggs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*James T. Griggs member 4/12/05*

Date

Daytime Phone #