2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 18, 2005 8:00 am Secretary of State DOCUMENT # L04000008330 1. Entity Name 02-18-2005 90130 024 ****50.00 RICHARD CURRAN'S VINYL "L.L.C." Mailing Address Principal Place of Business 18637 FIRETHORN DR SPRING HILL FL 34610-6936 18637 FIRETHORN DR SPRING HILL FL 34610-6936 2. Frincipal Place of Business 3. Mailing Address Ť Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURRAN, DONNA Street Address (P.O. Box Number is Not Acceptable) 18637 FIRETHORN DRIVE SPRING HILL FL 34610-6936 Zip Code FI 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, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. **MGRM** TITLE Change Addition ☐ Delete NAME CURRAN, RICHARD D NAME STREET ADDRESS STREET ADDRESS 18637 FIRETHORN DR SPRING HILL FL 34610-6936 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Detete THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-7IP 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.

SING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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