

FILED
Aug 17, 2007 8:00 am
Secretary of State

07-17-2007 90007 040 *****5.00

08-17-2007 90097 029 *****45.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000010082

1. Entity Name
CUSTOM WALLCOVERING, LLC



Principal Place of Business
**4843 ORLANDO AVE
WEST PALM BEACH, FL 33417**

Mailing Address
**4843 ORLANDO AVE
WEST PALM BEACH, FL 33417**

60054864



DO NOT WRITE IN THIS SPACE

07052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-0485308

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FREDWEST, WAYNE P
4843 ORLANDO AVE
WEST PALM BEACH, FL 33417**

**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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FREDWEST, WAYNE
4843 ORLANDO AVENUE
WEST PALM BEACH, FL 33417**

TITLE
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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: *Wayne P. Fredwest* **WAYNE P. FREDWEST**

Date

Daytime Phone

7-5-07 *(561-684-6654)*