## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT DOCUMENT # L04000012131** FILED 1. Entity Name FLORIDA COASTAL COLORS, LLC Jul 14, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 2412 WOODFIELD CIRCLE 2412 WOODFIELD CIRCLE MELBOURNE, FL 32904 MELBOURNE, FL 32904 US 07092008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 81-0560094 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARCELONA, RICHARD A JR DO NOT WRITE 2412 WOODFIELD CIRCLE W. MELBOURNE, FL 32904 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS TITLE MGRM BARCELONA, RICHARD A JR NAME STREET ADDRESS 2412 WOODFIELD CIR U00000954855 U7/14/U8-80017-024 138.75 CITY-ST-ZIP W. MELBOURNE, FL 32904 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME

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.

E. J. 1991199-1

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TOPHED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #