

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024933

FILED
Aug 29, 2005
Secretary of State

Entity Name: FLAWLESS COMPANIES LLC.

Current Principal Place of Business:

2620 SW 46TH ST
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

2620 SW 46TH ST
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 20-0954686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GENTILE, KEITH A
2620 SW 46TH ST
CAPE CORAL, FL 33914 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GENTILE, KEITH A
Address: 2620 SW 46TH ST
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR () Delete
Name: KRILL, MICHAEL
Address: 2520 SW 15TH AVE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR () Delete
Name: JANOWSKI, DAVID
Address: 2520 SW 15TH AVE
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KEITH GENTILE

MGRM

08/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date