2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000039167

1. Entity Name
VERN'S CUSTOM FINISHING L.L.C.

Principal Place of Business	Mailing Address
1100 WHISPERING CIR, APT 6 ST AUGUSTINE, FL 32084	1100 WHISPERING CIR, APT 6 ST AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

02202007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
75-3157614	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, ROBERT L II
1200 PLANTATION ISLAND DR S, STE 140
ST AUGUSTINE, FL 32080

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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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GOODE, VERNON S
STREET ADDRESS	1100 WHISPERING CIR, APT 6
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: _Vernon S. Goode_   2/21/07   (904) 829-6916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #