

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041183

FILED
Apr 17, 2006
Secretary of State

Entity Name: SUNCOAST SPRAY TECHS L.C.

Current Principal Place of Business:

803 ACORN LN
PORT ORANGE, FL 32127 US

New Principal Place of Business:

43 AZALEA DR
ORMOND BEACH, FL 32176 US

Current Mailing Address:

803 ACORN LN
PORT ORANGE, FL 32127 US

New Mailing Address:

43 AZALEA DR
ORMOND BEACH, FL 32176 US

FEI Number: 20-1295090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNA, SMOLINSKI
803 ACORN LN
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

KYLE, EGAN
43 AZALEA DR
ORMOND BEACH, FL 32176 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: KYLE EGAN

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EGAN, KYLE
Address: 803 ACORN LN
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGRM () Delete
Name: PATERSON, DAN
Address: 803 ACORN LN
City-St-Zip: PORT ORANGE, FL 32127 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EGAN, KYLE
Address: 43 AZALEA DR
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGRM (X) Change () Addition
Name: BRENT, STOKES
Address: 43 AZALEA DR
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KYLE EGAN

MGRM

04/17/2006

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