


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90243 001 ****50.00

DOCUMENT # L04000042187	
1. Entity Name LARRY'S COATINGS, L.L.C.	

Principal Place of Business 1699 S.W. OCEAN COVE AVENUE PORT ST LUCIE FL 34953	Mailing Address 1699 S.W. OCEAN COVE AVENUE PORT ST LUCIE FL 34953
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Port St Lucie

2. Principal Place of Business <i>ST LUCIE FL</i>	3. Mailing Address <i>2912 DRAGONFLY WA</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

Port St Lucie


City & State <i>MARYVILLE TENN</i>	City & State <i>MARYVILLE TENN</i>
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Zip <i>34953</i>	Country <i>ST LUCIE</i>	Zip <i>37801</i>	Country <i>BLOUNT</i>
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6. Name and Address of Current Registered Agent

POLK, LARRY W 1699 S.W. OCEAN COVE AVENUE PORT ST LUCIE FL 34953	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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1st MOORE CR2E083 (10/04)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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	DATE
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<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLK, LARRY W 1699 S.W. OCEAN COVE AVENUE PORT ST LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLK, LARRY W 2912 DRAGONFLY WA. MARYVILLE TENN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Larry Polk</i>	Date: <i>3-17-05</i>	Daytime Phone #: <i>772-342-1136</i>
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