


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90039 034 \*\*\*\*50.00

<b>DOCUMENT # L04000042467</b> 1. Entity Name <b>A TO Z INTERIOR FINISHING, L.L.C.</b>					
Principal Place of Business <b>2213 23RD AVENUE WEST BRADENTON, FL 34205</b>			Mailing Address <b>2213 23RD AVENUE WEST BRADENTON, FL 34205</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SMITH, W. KEN</b> <b>2213 23RD AVENUE WEST</b> <b>BRADENTON, FL 34205</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	SMITH, W. KEN		NAME		
STREET ADDRESS	2213 23RD AVENUE WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	MGRM		TITLE		
NAME	KREITER, JOHN		NAME		
STREET ADDRESS	2213 23RD AVENUE WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<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.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>W Ken Smith</i> </div> <div style="width: 40%; text-align: center;"> <b>APR. 20, 2005</b> </div> <div style="width: 15%; text-align: right;"> <b>941-747-1527</b> </div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</span> <span>Date</span> <span>Daytime Phone #</span> </div>					

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04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-1039987** Applied For  
Not Applicable

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