



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90020 027 ****50.00

DOCUMENT # L04000048898					
1. Entity Name INTERIOR SOLUTIONS LLC					
Principal Place of Business 1704 NORMANDY BLVD. TALLAHASSEE, FL 32303			Mailing Address 1704 NORMANDY BLVD. TALLAHASSEE, FL 32303		
2. Principal Place of Business 24136 Lanier ST Suite, Apt. #, etc.		3. Mailing Address 24136 LANIER ST Suite, Apt. #, etc.			
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL		4. FEI Number NOT APPLICABLE	
Zip 32310		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KUYKENDALL, BENNY F JR. 1704 NORMANDY BLVD. TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name: <u>Benny F Kuykendall JR</u> Street Address (P.O. Box Number is Not Acceptable): <u>24136 LANIER ST.</u> City: <u>TALLAHASSEE</u> <u>FL</u> <u>32310</u>		
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: <u>Benny F Kuykendall Jr.</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-25-06</u>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUYKENDALL, BENNY F JR. 1704 NORMANDY BLVD. TALLAHASSEE, FL 32303			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUYKENDALL, SANDRA G 1704 NORMANDY BLVD. TALLAHASSEE, FL 32303			<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OUSTIN MCINTYRE 908 BARRIE AVE TALL. FL- 32303			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: <u>Benny F Kuykendall Jr</u> <u>4/25/06</u> <u>544-7359</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					