

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000048902

Entity Name: NU TECH COATINGS LLC

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1008 WILLOWS TRACE DRIVE  
JOHNSON CITY, TN 37601

**New Principal Place of Business:**

**Current Mailing Address:**

1008 WILLOWS TRACE DRIVE  
JOHNSON CITY, TN 37601

**New Mailing Address:**

FEI Number: 20-1325746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOWERY, JUANINE  
4907 29TH AVE. W  
BRADENTON, FL 34209 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BRUNST, GEORGE E  
Address: 1008 WILLOWS TRACE DRIVE  
City-St-Zip: JOHNSON CITY, TN 37601

Title: MGR  
Name: WYMAN, JAMES V  
Address: 1666 STODDARD CIRCLE  
City-St-Zip: KENNESAW, GA 30152

Title: MGR  
Name: BRUNST, JORDAN  
Address: 1008 WILLOWS TRACE DRIVE  
City-St-Zip: JOHNSON CITY, TN 37601

Title: MGR  
Name: WYMAN, JACK  
Address: 693 EMERIL COURT  
City-St-Zip: SANIBEL, FL 33957

Title: MGR  
Name: FOSTER-BRUNST, DEBRA  
Address: 1008 WILLOWS TRACE DRIVE  
City-St-Zip: JOHNSON CITY, TN 37601

Title: MGR  
Name: WYMAN, MARY  
Address: 1666 STODDARD CIRCLE  
City-St-Zip: KENNESAW, GA 30152

I hereby 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: DEBRA A. FOSTER-BRUNST

MGR

03/14/2011

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