


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90039 038 ****50.00

DOCUMENT # L04000050589					
1. Entity Name WILLARD ACRYLIC TOP COATING LLC					
Principal Place of Business 1430 SE 43RD TERRACE CAPE CORAL, FL 33904 US			Mailing Address 1430 SE 43RD TERRACE CAPE CORAL, FL 33904 US		
2. Principal Place of Business 8800 OSTEOM WAY Suite, Apt. #, etc.		3. Mailing Address 8800 OSTEOM WAY Suite, Apt. #, etc.			
City & State WEEKI WAHCEE FL		City & State WEEKI WAHCEE FL		4. FEI Number 42-1640724	
Zip 34613		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLARD, NICHOL M 1430 SE 43RD TERRACE CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>Nicholas Willard</u> OWNER DATE <u>3-5-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLARD, NICHOL M 1430 SE 43RD TERRACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLARD, GLENN 1430 SE 43RD TERRACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLARD, STEVE 1430 SE 43RD TERRACE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Nicholas Willard</u>				DATE <u>3-5-05</u> DAYTIME PHONE # <u>239-848-5827</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					