2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L04000050589

Entity Name: WILLARD ACRYLIC TOP COATING LLC

Current Principal Place of Business:

8800 OSTROM WAY
WEEKI WACHEE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

8800 OSTROM WAY
WEEKI WACHEE, FL 34613 US

New Mailing Address:

FEI Number: 42-1640724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLARD, NICHOL M
1430 SE 43RD TERRACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

WILLARD, NICHOL M
8800 OSTROM WAY
WEEKI WACHEE, FL 34613 US

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: NICHOL WILLARD 04/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILLARD, NICHOL M
Address: 1430 SE 43RD TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM ( ) Delete
Name: WILLARD, GLENN
Address: 1430 SE 43RD TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILLARD, NICHOL M
Address: 8800 OSTROM WAY
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: MGRM (X) Change ( ) Addition
Name: WILLARD, GLENN
Address: 8800 OSTROM WAY
City-St-Zip: WEEKI WACHEE, FL 34613 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: NICHOL WILLARD OWN 04/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date