

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051661

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: DE MARCHI CUSTOM PAINTING, LLC

**Current Principal Place of Business:**

576 SW RUSTIC CIRCLE  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

576 SW RUSTIC CIRCLE  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 20-1380991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ERNEST, DONNA J ESQ.  
901 SW MARTIN DOWNS BOULEVARD  
SUITE 201  
PALM CITY, FL 34990 US

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

DEMARCHI, DONNA E ESQ.  
901 SW MARTIN DOWNS BOULEVARD  
SUITE 201  
PALM CITY, FL 34990 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: DONNA E. DEMARCHI

04/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DE MARCHI, RICHARD  
Address: 576 SW RUSTIC CIRCLE  
City-St-Zip: STUART, FL 34997

Title: MGR ( ) Delete  
Name: DE MARCHI, JOEL R  
Address: 1861 SW PALM CITY ROAD UNIT F402  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOEL R. DEMARCHI

MGR

04/10/2008

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