

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000055460

Entity Name: CUSTOM COLORS, LLC

**FILED**  
**Oct 25, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

201 BONNIEVIEW ROAD  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

96865 BLACKROCK ROAD  
YULEE, FL 32097

**Current Mailing Address:**

201 BONNIEVIEW ROAD  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

96865 BLACKROCK ROAD  
YULEE, FL 32097

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HEFFERNAN, MICHAEL E  
201 BONNIEVIEW ROAD  
FERNANDINA BEACH, FL 32034 US

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

HEFFERNAN, MICHAEL E  
96865 BLACKROCK ROAD  
YULEE, FL 32097 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: MICHAEL E. HEFFERNAN

10/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MNG ( ) Change (X) Addition  
Name: HEFFERNAN, BRANDY N MRS  
Address: 96865 BLACKROCK ROAD  
City-St-Zip: YULEE, FL 32097

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRANDY N. HEFFERNAN

MNG

10/25/2005

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