

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059019

Entity Name: COLORS, LLC

FILED  
May 05, 2008  
Secretary of State

## Current Principal Place of Business:

2635 FOREST PKWY S  
LARGO, FL 33771

## New Principal Place of Business:

3665 EAST BAY DR.  
STE. 204-254  
LARGO, FL 33771

## Current Mailing Address:

2635 FOREST PKWY S  
LARGO, FL 33771

## New Mailing Address:

3665 EAST BAY DR.  
STE. 204-254  
LARGO, FL 33771

FEI Number: 20-1468700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:

DRAKE, FREDA L  
2635 FOREST PKWY. S.  
LARGO, FL 33771      US

## Name and Address of New Registered Agent:

DRAKE, FREDA L  
3665 EAST BAY DR.  
STE. 204-254  
LARGO, FL 33771      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: FREDA DRAKE

05/05/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: DRAKE, FREDA L  
Address: 2635 FOREST PKWY. S.  
City-St-Zip: LARGO, FL 33771 US

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: DRAKE, FREDA L  
Address: 3665 EAST BAY DR., STE. 204-254  
City-St-Zip: LARGO, FL 33771 US

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: FREDA DRAKE

MGRM

05/05/2008

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