

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070123

FILED
Jul 09, 2006
Secretary of State

Entity Name: NORMAN GOODWIN SPECIALTY FAUX FINISHES LLC

Current Principal Place of Business:

894 LITTLE BEND RD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

894 LITTLE BEND RD
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-0182714 **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:

Name and Address of New Registered Agent:

GOODWIN, NORMAN
894 LITTLE BEND RD
ALTAMONTE SPRINGS, FL 32714 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOODWIN, NORMAN
Address: 894 LITTLE BEND RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: TRIVETT, JENNIFER
Address: 894 LITTLE BEND RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 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: NORMAN GOODWIN

MGR

07/09/2006

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