

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90116 012 ****55.00

DOCUMENT # L04000075583	
1. Entity Name FOX PROFESSIONAL COATINGS, LLC	

Principal Place of Business 5016 CYNTHIA LANE SPRING HILL, FL 34606	Mailing Address 5016 CYNTHIA LANE SPRING HILL, FL 34606
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2. Principal Place of Business 5016 Cynthia Lane	3. Mailing Address 5016 Cynthia Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Spring Hill, Florida	City & State Spring Hill, Florida
Zip 34606	Zip 34606
Country Hernando	Country Hernando

07282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 113 72 0180	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RIPLEY, BENJAMIN 5016 CYNTHIA LANE SPRING HILL, FL 34606
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

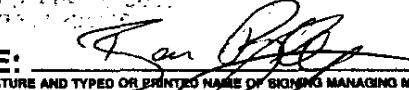
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner Ben Ripley 5016 Cynthia Ln Spring Hill, FL, 34606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Sep 7, 2005	352-683-3504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #