

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000080667

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** FINISHING TOUCH SERVICES LLC

**Current Principal Place of Business:**

545 E. TENNESSEE ST. SUITE 200-3  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 180366  
TALLAHASSEE, FL 32318 US

**New Mailing Address:**

**FEI Number:** 20-1888208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANGELA MOSS POOLE LLC  
118 SALEM COURT  
TALLAHASSEE, FL 32301 US

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

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: MGRM  
Name: WORD, MATTHEW D  
Address: PO BOX 180366  
City-St-Zip: TALLAHASSEE, FL 32318 US

Title: MGR  
Name: WORD, LASHERINY A  
Address: PO BOX 180366  
City-St-Zip: TALLAHASSEE, FL 32318 US

Title: MGR  
Name: WORD, MARLON V  
Address: 6706 POMONA CT  
City-St-Zip: TALLAHASSEE, FL 32317

I hereby 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: LASHERINY A. WORD

MGR

04/12/2010

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