

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000081282

**FILED**  
**Jul 05, 2006**  
**Secretary of State**

**Entity Name:** MODELLO A DECORATIVE FINISH STUDIO, LLC

**Current Principal Place of Business:**

4425 E. RIVERSIDE DRIVE  
FT. MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 984  
DONNELLY, ID 83615

**New Mailing Address:**

**FEI Number:** 34-2024458      **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:**

GREENFIELD, LONNIE  
4626 SIERRA LN  
BONITA SPRINGS, FL, FL 34134      US

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

GREENFIELD, LONNIE  
4425 E. RIVERSIDE DRIVE  
FT. MYERS, FL 33905      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: LONNIE GREENFIELD

07/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GREENFIELD, LONNIE L  
Address: 4626 SIERRA LN  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: GREENFIELD, LONNIE L  
Address: 4425 E. RIVERSIDE DRIVE  
City-St-Zip: FT. MYERS, FL 33905

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: LONNIE GREENFIELD

MR.

07/05/2006

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