2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Aug 11, 2005 08:00 AM Secretary of State DOCUMENT # L04000084296 1. Entity Name PRO COLOR LLC Mailing Address Principal Place of Business 97 N MOSSY CREEK MOSSY HEAD FL 32434 PO BOX 532 MOSSY HEAD FL 32434 3. Mailing Address 2. Principal Place of Business Suite Apt #, etc Suite, Apt #, etc CR2E083 (5/05) 2nd MOORE Applied For City & State City & State 4. FEI Number Not Applicable Zin Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DISTEFANO, JEFF Street Address (P.O. Box Number is Not Acceptable) 97 N MOSSÝ CREEK RD MOSY HEAD FL 32434 City 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 (NOTE Registered Agent signature required when ternstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9 Addition TITLE Change Change HILE MNGR Defete NAME NAME DISTEFANO, JEFF Unning376226 PO BOX 532_ STREET ADDRESS 09/11/05-80002-022 50.00 STREET ADDRESS CHY-ST-ZIP MOSSY HEAD FL 32434 CITY-SI-7IP Delete DID F Change ☐ Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP HILE Delete BILL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-2(P CITY: ST-7IP THILE ☐ Change Addition | Delete THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-Si- AP ☐ Delete Change MEE TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 it 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.

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPE