


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 | | | |  | |
| Principal Place of Business 97 N MOSSY CREEK MOSSY HEAD FL 32434 | | | Mailing Address PO BOX 532 MOSSY HEAD FL 32434 | | |
| 2. Principal Place of Business Suite, Apt #, etc | | | 3. Mailing Address Suite, Apt #, etc | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent DISTEFANO, JEFF 97 N MOSSY CREEK RD MOSSY HEAD FL 32434 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 | | | | FL Zip Code | |
| SIGNATURE <i>Jeff Distefano</i> (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MNGR DISTEFANO, JEFF PO BOX 532 MOSSY HEAD FL 32434 | <input type="checkbox"/> Delete | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <i>Jeff Distefano</i> DATE <i>Aug 10, 05</i> 850 376 7767 | | |