

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085484

FILED
Apr 18, 2009
Secretary of State

Entity Name: COLOURS INTERNATIONAL, LLC

Current Principal Place of Business:

139 LOQUAT ROAD NE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

PO BOX 2680
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 20-2740809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNONE, SMITH P PAMELA
139 LOQUAT RD NE
LAKE PLACID, FL 33852 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: MGR () Delete
Name: ARNONE, PAMELA S PAMELA
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: DIR () Delete
Name: ARNONE, GREG GREG
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: DIR () Delete
Name: ARNONE, LAUREN LAURNE
Address: 11121 SUNUP LANE
City-St-Zip: ORLANDO, FL 32825

Title: DIR () Delete
Name: ARNONE, PAMELA P PAMELA
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: DIR () Delete
Name: ARNONE, PAMELA P PAMELA
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: DIR () Delete
Name: ARNONE, PAMELA P PAMELA
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA SMITH ARNONE

MGR

04/18/2009

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