2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State
07-17-2006 90041 032 ****50.00

DOCUMENT # L04000090570

1. Entity Name
INDUSTRIAL MIL SPEC FINISHING LLC

30012435

07132006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
6503 B.Z. 19 ST E B2 SARASOTA, FL 34243	6503 B.Z. 19 ST E B2 SARASOTA, FL 34243

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 6503 B2 - 19 ST. E	Suite, Apt. #, etc. SAME
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0498150 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRENCH, DONNA 6503 B.Z. 19 ST E SARASOTA, FL 34243	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FRENCH, CHARLES 6503 B.Z. 19 ST E SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FRENCH, DONNA 6503 B.Z. 19 ST E SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHROLL, NITA 6503 B.Z. 19 ST E SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: D. French 13 JUL 06 941.284-5881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Ck # 2964