2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L04000092469

Entity Name: ALLUMS WALL COVERING LLC

Current Principal Place of Business:

1716 N. STONE STREET
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 585
MOUNT ZION, GA 30150 US

New Mailing Address:

FEI Number: 20-2039325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALLUMS, JON R
1716 N. STONE STREET
DELAND, FL 32720 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:	MGRM	( ) Delete
Name:	ALLUMS, JON R	
Address:	1716 N. STONE STREET	
City-St-Zip:	DELAND, FL 32720 US	
Title:	MGRM	( ) Delete
Name:	ARNOLD, LYNETTE	
Address:	1716 N. STONE STREET	
City-St-Zip:	DELAND, FL 32720 US	
Title:	MGRM	( ) Delete
Name:	BACH, BRENT	
Address:	127- 1/2 E. NEW YORK APT. 3	
City-St-Zip:	DELAND, FL 32724 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: JON R ALLUMS MGRM 04/27/2009

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