

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90019 037 \*\*\*\*50.00

**DOCUMENT # L05000009804**

1. Entity Name

**BRIAN MULDREWS CUSTOM FINISHES LLC**



Principal Place of Business

**144 BURLEIGH AVE.  
HOLLY HILL FL 32117**

Mailing Address

**144 BURLEIGH AVE.  
HOLLY HILL FL 32117**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

**202146683**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULDREW, BRIAN M  
144 BURLEIGH AVE.  
HOLLY HILL FL 32117**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
MULDREW, BRIAN M  
144 BURLEIGH AVE.  
HOLLY HILL FL 32117**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brian Muldrew **BRIAN MULDREW** 4-24-06 3862532089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #