2006 LIMITED LIABILITY COMPANY

FILED Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000012849** 04-24-2006 90037 038 ****50.00 1. Entity Name MITCH WIESE PAINTING & FAUX FINISHES, LLC Mailing Address Principal Place of Business **5626 BLOUNT AVENUE 5626 BLOUNT AVENUE** ~~~~~~~~~ SARASOTA, FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State FEI Number Not Applicable Zip Country Country Ζiρ \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIESE, MITCHELL D Street Address (P.O. Box Number is Not Acceptable) **5626 BLOUNT AVENUE** SARASOTA, FL 34231 City Zip Code FI 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 # applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ₽. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Change ☐ Addition WIESE, MITCHELL D NAME NASAF STREET ADDRESS **5626 BLOUNT AVENUE** STREET ADDRESS CITY-ST-7IP SARASOTA, FL 34231 CTTY-ST-ZP TITLE Delete TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 redever or trustee empowered to execute this error as required by Chapter 608, Florida Statutes.

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