

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90155 047 ****50.00

DOCUMENT # L05000014740 1. Entity Name DOUBLE P GROUP, LLC					
Principal Place of Business 915 N E 20 AVE 1 FT LAUDERDALE, FL 33304			Mailing Address 915 N E 20 AVE 1 FT LAUDERDALE, FL 33304		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2247368	
Zip		Country		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	
COHEN, PHYLLIS 1816 MONTE CARLO WAY CORAL SPRINGS, FL 33071				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 _____ (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		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	SYMBELLA GROUP, INC			NAME	
STREET ADDRESS	1816 MONTE CARLO WAY			STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	
TITLE	MGR ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	MAGIC TOUCH DECORATIVE PAINTING INC			NAME	
STREET ADDRESS	127 N E 17 AVE			STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301			CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 1-24-06 Daytime Phone #	