## **2006 LIMITED LIABILITY COMPANY**

## Apr 21, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000034713** 04-21-2006 90017 008 \*\*\*\*50.00 COLOR VIEW & SERVICES, LLC Mailing Address Principal Place of Business 20034043 338 EAST MAPLE STREET 338 EAST MAPLE STREET WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E083 (11/05) Chg-LLC 4. FEI Number Applied For City & State City & State Not Applicable 202663050 Country Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SERRANO, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 338 EAST MAPLE STREET WINTER GARDEN, FL 34787 Zip Code City FL 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 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 9. MGRM Change Addition MGRM ☐ Delete TITLE TITLE مادوطه FRANCISCO S SERRANO, GUILLERMO NAME NAME 338 E MAPLE 338 EAST MAPLE STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINTER GARDEN, FL 34787 □ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE 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.

**FILED** 

Daytime Phone