

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000038028

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** MATRIX COMPOSITES STYLING, LLC

**Current Principal Place of Business:**

5718 CORPORATE CIR  
FORT MYERS, FL 33905

**New Principal Place of Business:**

15341 SAM SNEAD LANE  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

15341 SAM SNEAD LANE  
N. FT. MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** 52-2453865      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURTON, MICHAEL A  
15341 SAM SNEAD LANE  
N. FT. MYERS, FL 33917      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: MGR      ( ) Delete  
Name: BURTON, MICHAEL A  
Address: 15341 SAM SNEAD LANE  
City-St-Zip: N. FT. MYERS, FL 33917

**ADDITIONS/CHANGES:**

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: MICHAEL A. BURTON

MGR

04/30/2009

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