

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000042378

1. Entity Name

COLOR YOUR HOME BEAUTIFUL, L.L.C.



FILED
Mar 06, 2007 08:00 AM
Secretary of State

Principal Place of Business
170 EAST TALL OAKS CIRCLE
PALM BEACH GARDENS FL 33410

Mailing Address
170 EAST TALL OAKS CIRCLE
PALM BEACH GARDENS FL 33410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

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

POTTER, CAROLE A
170 EAST TALL OAKS CIRCLE
PALM BEACH GARDENS FL 33410

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, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
POTTER, CAROLE A
STREET ADDRESS
170 EAST TALL OAKS CIRCLE
CITY-STATE-ZIP
PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U000000657306
03/14/07-80062-00 ☐ Change ☐ Addition

TITLE
NAME
MGRM
POTTER, ROBERT
STREET ADDRESS
170 EAST TALL OAKS CIRCLE
CITY-STATE-ZIP
PALM BEACH GARDENS FL 33410

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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:

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

Date

Daytime Phone #

3.3.07

501
625-0562