

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049063

FILED
May 28, 2008
Secretary of State

Entity Name: Z STRIPE OF FLORIDA WEST COAST LLC

Current Principal Place of Business:

8443 QUARTER HORSE DR
RIVERVIEW, FL 33569

New Principal Place of Business:

8443 QUARTER HORSE DR
RIVERVIEW, FL 33578

Current Mailing Address:

P O BOX 3596
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 51-8295752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AVILA, LEONEL
8443 QUARTER HORSE DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

AVILA, LEONEL
8443 QUARTER HORSE DR
RIVERVIEW, FL 33578 US

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:

05/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AVILA, LEONEL
Address: 8443 QUARTER HORSE DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AVILA, LEONEL
Address: 8443 QUARTER HORSE DR
City-St-Zip: RIVERVIEW, FL 33578

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: LEONEL AVILA

MGR

05/28/2008

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