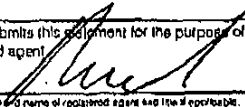
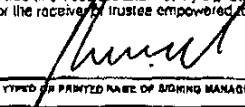


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

06-19-2008 00190001 *** 50.00
FILED 104000070082

08 JUN 13 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000070082					
1. Entity Name FLORIDA COATING LLC					
Principal Place of Business 3615 FISCAL COURT C/O KENNETH MORGAN RIVIERA BEACH, FL 33404			Mailing Address 3615 FISCAL COURT C/O KENNETH MORGAN RIVIERA BEACH, FL 33404		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3214705	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent BOOSE, WILLIAM R III 515 NORTH FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name KENNETH MORGAN Street Address (P.O. Box Number is Not Acceptable) 221 HARBOUR ISLES PLAZA City NORTH PALM BEACH FL Zip Code 33410		
B. The above named entity submits this document 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  DATE 4-25-08 Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reissuing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MMGR MORGAN, KENNETH A 3615 FISCAL COURT RIVIERA BEACH, FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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  DATE 6-12-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					