


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90009 019 ****55.00

DOCUMENT # L05000080871	
1. Entity Name NEWMAN'S DECORATIVE COATING LLC	

Principal Place of Business 1280 N. NOVA RD. HOLLY HILL FL 32117	Mailing Address P.O. BOX 250661 HOLLY HILL FL 32125
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2. Principal Place of Business 6631 STATE RD 54	3. Mailing Address P.O. Box 3922
Suite, Apt. #, etc.	Suite, Apt. #, etc.

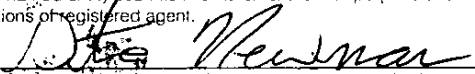
City & State NEW PORT RICHEY, FLA.	City & State HOLIDAY, FLA.
Zip 34655	Zip 34692
Country USA	Country USA

4. FEI Number 41-2182878	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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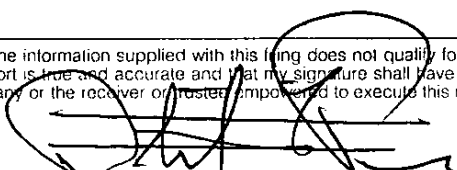
6. Name and Address of Current Registered Agent POWERS, ROBERT F 1280 N. NOVA RD. HOLLY HILL FL 32117	
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7. Name and Address of New Registered Agent Name STEVEN NEWMAN Street Address (P.O. Box Number is Not Acceptable) 6631 STATE RD. 54 City NEW PORT RICHEY FL Zip Code 34655	
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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  STEVEN NEWMAN	OWNER/MANAGER 3-29-06
Signatures: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State	
Due By May 1, 2006	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWERS, ROBERT F 1280 N. NOVA RD. HOLLY HILL FL 32117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER/MANAGER STEVEN NEWMAN 6631 STATE RD 54 NEW PORT RICHEY, FLA 34655 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	