

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90038 020 ****55.00

DOCUMENT # L05000080871

1. Entity Name

NEWMAN'S DECORATIVE COATING LLC



Principal Place of Business

~~6631 STATE RD 54~~
NEW PORT RICHEY FL 34655

Mailing Address

P.O. BOX 3922
HOLIDAY FL 34692



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

3307 BROOKFIELD DR

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

HOLIDAY, FL.

City & State

HOLIDAY, FL.

4. FEI Number

41-2182878

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, STEVEN
6631 STATE RD 54
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name

ROBERT F. POWERS

Street Address (P.O. Box Number is Not Acceptable)

3307 BROOKFIELD DR.

City

HOLIDAY

FL

Zip Code

34691

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 fee, if applicable.

(NOTE: Registered Agent signature required when resigning.)

4-11-07

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☒ Delete
NAME: NEWMAN, STEVEN
STREET ADDRESS: 6631 STATE RD 54
CITY ST ZIP: NEW PORT RICHEY FL 34655

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

10. ADDITIONS/CHANGES

TITLE: MGR ☐ Change ☒ Addition
NAME: HELEN LYONS
STREET ADDRESS: 3307 BROOKFIELD DR.
CITY ST ZIP: HOLIDAY, FL. 34691

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

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STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

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

4-2-07

727849-9300

Date

Daytime Phone #