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Jun 22, 2006 8:00 am
Secretary of State

04-14-2006 90031 034 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000081363

1. Entity Name
DOLBY EXTERIORS, LLC

Principal Place of Business	Mailing Address
4842 ARTHUR STREET PALM BEACH GARDENS, FL 33418	4842 ARTHUR STREET PALM BEACH GARDENS, FL 33418

02252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
9241 Green meadows way	9241 Green meadows way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens Fl	City & State: Palm Beach Gardens Fl
Zip: 33418 Country: USA	Zip: 33418 Country:

4. FEI Number: 54-2181684 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DARVON T SR.
4842 ARTHUR STREET
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

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: D Johnson Sr. 2/28/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Office Manager Gloria Johnson 9241 Greenmeadows way Palm Beach Gardens Fl 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ~~James Acuthrad~~ Delete ☑ 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: D Johnson Sr. 2/28/06 561 625-9301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #