2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE 07-05-2007 90155 028 ****55.00
DIVISION OF CORPORATIONS
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07022007 Chg-LLC CR2E083 (12/06) changed

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1. Entity Name
DRAPERY SERVICE, LLC

Principal Place of Business	Mailing Address
1175 N. HERCULES AVE CLEARWATER, FL 33765	1175 N. HERCULES AVE CLEARWATER, FL 33765

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 ~~20-3037647~~ 203569624 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CRAMPTOM USA INC, DBA DRAPERY SERVICES
1175 N. HERCULES AVE
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name: DRAPERY SERVICE
Street Address (P.O. Box Number is Not Acceptable): 1175 N Hercules Ave
City: Clearwater FL Zip Code: 33765

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] 7/2/07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RANDAZZO, JOSEPH 2576 SUNSET POINT RD CLEARWATER, FL 33765	☐ Delete	CEO Joseph Randazzo 1175 N. Hercules Ave Clearwater FL 33765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO MILLER, WILLIAM L 1175 N. HERCULES AVE CLEARWATER, FL 33765	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] 7/2/07 727 403 4649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #