

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117789

Entity Name: SPRAY TECH, LLC

FILED  
Jun 20, 2006  
Secretary of State

**Current Principal Place of Business:**

222 WEIS LANE  
APT. 2A  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

**Current Mailing Address:**

6847A N. 9TH AVENUE  
#147  
PENSACOLA, FL 32504 US

**New Mailing Address:**

FEI Number: 59-3827230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

A ALL AMERICAN INSURANCE AGENCY OF PENSACO  
3960 WEST NAVY BLVD  
SUITE 21  
PENSACOLA, FL 32507 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PLATZ, SUSAN M  
Address: 222 WEIS LANE APT. 2A  
City-St-Zip: PENSACOLA, FL 32507 US

Title: MGRM ( ) Delete  
Name: HOWELL, PHILLIP R  
Address: 222 WEIS LANE APT. 2A  
City-St-Zip: PENSACOLA, FL 32507 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN M. PLATZ

MGRM

06/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date