

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117789

FILED
Aug 22, 2008
Secretary of State

Entity Name: SPRAY TECH, LLC

Current Principal Place of Business:

5113 N. DAVIS HWY
UNIT 12
PENSACOLA, FL 32503 US

New Principal Place of Business:

2579 DOUGLAS
PENSACOLA, FL 32504 US

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:

PLATZ, SUSAN M OWNER
6847A N 9TH AVE
#147
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: 4840 PEACOCK DR
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM () Delete
Name: HOWELL, PHILLIP R
Address: 4840 PEACOCK DR
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PLATZ, SUSAN M
Address: 8917 N DAVIS HWY #184
City-St-Zip: PENSACOLA, FL 32514 US

Title: MGRM (X) Change () Addition
Name: HOWELL, PHILLIP R
Address: 6115 DAVIS HWY #61A
City-St-Zip: PENSACOLA, FL 32504 US

I hereby certify that the information supplied with this filing does not qualify 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 PLATZ

OWNE

08/22/2008

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