2007 LIMITED LIABILITY COMPANY ANNUAL REP⊈RT (AR)

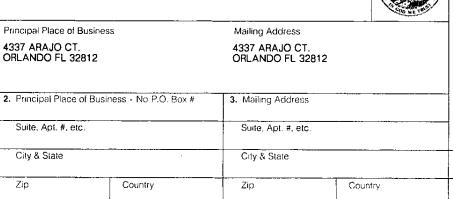
DOCUMENT # L06000009798

1. Entity Name

A LOT BETTER SEALCOATING, LLC



FILED Aug 28, 2007 8:00 am Secretary of State 08-28-2007 90065 040 ****55.00



4337 ARAJO CT. ORLANDO FL 32812		4337 ARAJO CT. ORLANDO FL 32812						
2. Principal P	lace of Business - No P.O. Box	# 3. Mailing Address						144) HI (44)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		2nd MOORE	CR2E08:	3 (4/07)	
City & State		City & State	City & State		ber >니니니 745	 2 5		oplied For ot Applicable
Zip	Country	Zip	Country		ite of Status Desired	ıσl	\$5.00 Add	ditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HENDERSON, CHRIS				Name				
4337	7 ARAJO CT. ANDO FL 32812		Street Address (P O. Box Num		nber is Not Acceptable	e)		
ONL	ANDO FL 32012							
The above named entity submits this statement for the purpose of changing its registere						FL	Zip Cod	
the obligat	named entity submits this state ions of registered agent.	ment for the purpose of changing its	registered office or regi	istered agent, or t	ooth, in the State of Fle	orida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of register	0.00	Registered Agent signature req			DATE		
		Make Check Payabl	OW!!! FEE IS \$50.0 le to Florida Departr / September 5, 2007	ment of State				
9.	MANAGING N	MEMBERS/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE NAME	MGRM HENDERSON, CHRIS	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	4337 ARAJO CT.		STREET ADDRESS					*
CITY-ST-ZIP	ORLANDO FL 32812		CITY-ST-ZIP					
TITLE	MGRM	™ Delete	TITLE				☐ Change	☐ Addition
NAME	NIELSEN, SAMUEL		NAME					
STREET ADDRESS	4337 ARAJO CT.		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32812		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-7/P			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME:					
STREET AODRESS CITY-ST-ZIP			STREET ADDRESS					
			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
		——————————————————————————————————————						
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					}
CITY-ST-ZIP			CITY-ST-ZIP					
11. I hereby o	certify that the information suppli	ed with this filing does not qualify for	the exemptions contain	ned in Chapter 11	9, Florida Statutes Th	urther certify	that the info	rmation

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