

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093999

FILED
Jan 08, 2007
Secretary of State

Entity Name: QUALITY TOUCH CUSTOM PAINTS L.L.C

Current Principal Place of Business:

7210 N MANHATTAN AVE
1514
TAMPA, FL 33614

New Principal Place of Business:

4411 RIDGELINE CIRCLE
TAMPA, FL 33624

Current Mailing Address:

7210 N MANHATTAN AVE
1514
TAMPA, FL 33614

New Mailing Address:

4411 RIDGELINE CIRCLE
TAMPA, FL 33624

FEI Number: 43-2111422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, JUAN V SR
7210 N MANHATTAN AVE
1514
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

GOMEZ, JUAN V SR
4411 RIDGELINE CIRCLE
TAMPA, FL 33624 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:

01/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOMEZ, JUAN V SR
Address: 7210 N MANHATTAN AVE 1514
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Delete
Name: AYALA, IRVIN N SR
Address: 8415 N MANHATTANA AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOMEZ, JUAN V SR
Address: 4411 RIDGELINE CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: MGRM (X) Change () Addition
Name: AYALA, IRVIN N SR
Address: 7020 DAKOTA AVE
City-St-Zip: TAMPA, FL 33604

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: JUAN GOMEZ

MGR

01/08/2007

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