

FROM :



FAX NO. :

5/1/20

FILED  
Jun 01, 2007 8:00 am  
Secretary of State

05-01-2007 90325 035 \*\*\*\*55.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L06000094313</b>			
1. Entity Name <b>ULTIMATE FINISHES, LLC</b>			
Principal Place of Business <b>210 S WILSON ST BARTOW, FL 33831</b>		Mailing Address <b>P.O. BOX 529 BRANDON, FL 33509</b>	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CRUZ, HENRY 8830 SUMMER HAVEN DR RIVER VIEW, FL 33569</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature must be typed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when changing.)</small>			
Filing Fee is \$60.00 Due by May 1, 2007			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CRUZ, HENRY 8830 SUMMER HAVEN DR RIVERVIEW, FL 33569</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information submitted 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 606, Florida Statutes.			
SIGNATURE: <u>Henry Cruz</u>		Date: <u>4/28/07</u> (813) 965-6511	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

30009499



D1212007 Chg-LLC CR2E063 (12/06)

4. FEI Number  Applied For  Not Applicable

5. Certificate of Status Dashed  \$5.00 Additional Fee Required

FL Zip Code

SIGNATURE:

Henry Cruz

4/28/07 (813) 965-6511

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #