FILED Jun 04, 2007 8:00 am Secretary of State

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2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

05-01-2007 90330 018 ****50.00 **DOCUMENT # L06000095356** 1. Entity Name
PRUETT PAINT TEAM, LLC 30009836 Principal Place of Rusiness Mailing Address 3801 BEE RIDGE ROAD 3801 BEE RIDGE ROAD SUITE 12 SUITE 12 SARASOTA, FL 34233 SARASOTA, FL 34233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sulte, Apt. #, etc. Sulte, Apt. #, etc. 04112007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For <u>20-5625201</u> Not Applicable ZΙρ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRUETT, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 3801 BEE RIDGE ROAD SUITE 12 SARASOTA FL 34233 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 Signature, typed or privined name of registered agent and title if applicable. (NOTE: Regimened Agent stonesure required when reinstatho DATE Piling Fee Is \$60.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR Delete TITLE Change ☐ Addition PRUETT, BRIAN J NAME NAME 3801 BEE RIDGE ROAD, SUITE 12 STREET ADDRESS STREET AINTERSS CETY-ST-ZIP SARASOTA, FL 34233 CITY-ST-7/P MGRM MILE TITLE ☐ Change ☐ Addition Delete WATSON, JAMES MARKE STREET ADDRESS 3801 BEE RIDGE ROAD, SUITE 12 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP Deleta TOTAL F TITLE Change Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP MLE Delete ☐ Change ☐ Addition HALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP IIILE ☐ Addition Debpte T171 F ☐ Change NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied 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 certify that I am a managing member or manager of the limited liability company or the receiver or profitee empowered to execute this report as required by Chapter 608, Florida Statutes. 4/16/07 SIGNATURE: G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE