

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90081 006 \*\*\*139.00

**DOCUMENT # L06000105524**

1. Entity Name  
**SIGNATURE FAUX FINISHES, LLC**



Principal Place of Business  
**110 CUMBERLAND PARK DR  
SUITE 105 106  
ST AUGUSTINE, FL 32095**

Mailing Address  
**110 CUMBERLAND PARK DR  
SUITE 105 106  
ST. AUGUSTINE, FL 32095 US**

**60041139**



04222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5820142**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CONFUORTO, GENNARO  
4012 SIOUX CIRCLE 110 CUMBERLAND PARK DR #105  
JACKSONVILLE, FL 32259  
ST. AUGUSTINE, FL 32095**

**DO NOT WRITE  
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	CONFUORTO, ALLYSON S
STREET ADDRESS	4012 SIOUX CIRCLE 110 CUMBERLAND PARK DR #105
CITY - ST - ZIP	JACKSONVILLE, FL 32259 ST. AUGUSTINE, FL 32095
TITLE	MGR
NAME	CONFUORTO, GENNARO
STREET ADDRESS	110 CUMBERLAND PARK DR #105
CITY - ST - ZIP	ST. AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

**4/24/08**

**904-217-0408**