2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105524

Entity Name: SIGNATURE FAUX FINISHES, LLC

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

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

FEI Number: 20-5820142   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CONFUORTO, GENNARO 4012 SIOUX CIRCLE JACKSONVILLE, FL 32259 US	CONFUORTO, GENNARO MANAGER 4012 SIOUX CIRCLE JACKSONVILLE, FL 32259 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: GENNARO CONFUORTO   04/27/2009
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CONFUORTO, ALLYSON S	Name:	
Address:	110 CUMBERLAND PARK DR	Address:	
City-St-Zip:	SAINT AUGUSTINE, FL 32095 US	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CONFUORTO, GENNARO	Name:	
Address:	110 CUMBERLAND PARK DR #105	Address:	
City-St-Zip:	SAINT AUGUSTINE, FL 32095	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: CONFUORTO GENNARO   MANE   04/27/2009
_____
     Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date