


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90153 029 \*\*\*\*50.00

<b>DOCUMENT # L06000112376</b>	
1. Entity Name <b>PRO FINISH SOLUTIONS LLC</b>	

Principal Place of Business <b>1755 NORTH 6TH STREET ORLANDO, FL 32820</b>	Mailing Address <b>1755 NORTH 6TH STREET ORLANDO, FL 32820</b>
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2. Principal Place of Business - No P.O. Box # <b>1755 N. 6th ST.</b>	3. Mailing Address <b>1266 MULLET LAKE PARK</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>RD.</b>

City & State <b>ORLANDO, FL.</b>	City & State <b>GENEVA, FL.</b>
Zip <b>32820</b>	Zip <b>32732</b>
Country <b>USA</b>	Country <b>USA</b>



02082007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>QUESNEL, ALLAN 1755 NORTH 6TH STREET ORLANDO, FL 32820</b>	
7. Name and Address of New Registered Agent Name <b>N/A</b> 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 *Allan Quesnel* DATE *2/20/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUESNEL, ALLAN 1755 NORTH 6TH STREET ORLANDO, FL 32820 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUSO, STEVEN 1266 MULLET LAKE PARK ROAD GENEVA, FL 32732 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Allan Quesnel* DATE *2/20/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*PH# 321-299-6603*