


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

05-30-2008 90018 010 ***138.75
07-10-2008 90055 009 ***138.75

DOCUMENT # L07000004985	
1. Entity Name CONTRACT COATINGS, LLC	

Principal Place of Business 4421 NW BLITCHTON ROAD 227 OCALA, FL 34482 US	Mailing Address 4421 NW BLITCHTON ROAD 227 OCALA, FL 34482 US
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50008171



2. Principal Place of Business - No P.O. Box # <i>466 Winners Circle</i>	3. Mailing Address <i>466 Winners Circle</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07032008 Chg-LLC CR2E083 (12/06)

City & State <i>LADY LAKE FLORIDA</i>	City & State <i>LADY LAKE FL</i>
Zip <i>32159</i>	Zip <i>32159</i>
Country <i>LAKE</i>	Country <i>LAKE</i>

4. FEI Number <i>20-8236133</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DEVIZIA, CHARLES E 4421 NW BLITCHTON ROAD 227 OCALA, FL 34482	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>[Signature]</i>	DATE <i>7-5-08</i>

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVIZIA, CHARLES E 4421 NW BLITCHTON ROAD, #227 OCALA, FL 34482 <input checked="" 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	MGRM Deviz. A, Charles E 466 WINNERS CIRCLE LADY LAKE FL 32159 <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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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: <i>[Signature]</i>	DATE: <i>7-5-08</i>	DAYTIME PHONE #: <i>352-857-7163</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		