


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90327 001 ***143.75
03-05-2008 90327 002 ****35.00

DOCUMENT # L07000011211	
1. Entity Name COATINGS PLUS, LLC	

Principal Place of Business 189 E. CANAL DRIVE PALM HARBOR, FL 34684 US	Mailing Address 189 E. CANAL DRIVE PALM HARBOR, FL 34684 US
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30001252



2. Principal Place of Business - No P.O. Box # 2511 DOLLY BAY DR Suite, Apt. #, etc. APT 307	3. Mailing Address 2511 DOLLY BAY DR Suite, Apt. #, etc. APT 307
City & State PALM HARBOR FL	City & State PALM HARBOR FL
Zip 34684 Country US	Zip 34684 Country US

02262008 Chg-LLC CR2E083 (12/06)

4. FEI Number 14-1988765	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired -- ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Cassie Alsop Street Address (P.O. Box Number is Not Acceptable) 12244 Shearwater DR. City New Port Richey FL Zip Code 34654
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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 *Cassie Alsop* **Cassie Alsop** *2-26-08*
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	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 SPINDER, DAVID 189 E. CANAL DRIVE PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPINDER, DAVID 2511 DOLLY BAY DR, APT 307 PALM HARBOR FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELLO, MARK 2814 WOODHALL TERRACE PALM HARBOR, FL 34685 <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
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
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: *Cassie Alsop* **Cassie Alsop** *2-26-08* *727-692-8021*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 30001252
#L07000011211

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Coatings Plus, LLC
2. The principal office address: 2511 Dolly Bay Dr Apt 307
Palm Harbor FL 34684
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/01/07 Document number: L07000011211
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: _____

Corporation Services Company
1201 Hays Street
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cassie Alsop
12244 Shearwater Dr.
(P.O. Box NOT acceptable)
New Port Richey, FL 34654

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

DAVID M. SPINOER
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Cassie Alsop
(Signature of Registered Agent)

2-26-08
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***