

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020008

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: COLORS LLC

**Current Principal Place of Business:**

2246 BALSAN WAY  
WELLINGTON, FL 33414

**New Principal Place of Business:**

166 MULBERRY GROVE ROAD  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

2246 BALSAN WAY  
WELLINGTON, FL 33414

**New Mailing Address:**

166 MULBERRY GROVE ROAD  
ROYAL PALM BEACH, FL 33411

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DE LOS RIOS, MONICA  
4100 N POWERLINE ROAD N3  
POMPANO BEACH, FL 33073 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: GONZALEZ, ALBERTO J  
Address: 2246 BALSAN WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: BRICENO, DEIVI A  
Address: 2246 BALSAN WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ALBERTO GONZALEZ

MGRM

07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date