

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
May 13, 2009  
Secretary of State**

DOCUMENT# L07000020537

Entity Name: SOUTHERN POWDERCOAT LLC

**Current Principal Place of Business:**

273 BARTOW AIRBASE  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

273 BARTOW AIRBASE  
BARTOW, FL 33830

**New Mailing Address:**

PO BOX 1064  
LITHIA, FL 33547

FEI Number: 39-2050049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRIMES, MALCOM K  
8935 SELPH ROAD  
LAKELAND, FL 33810 US

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

DRUMMOND, TEMPLE H  
6987 EAST FOWLER AVENUE  
TAMPA, FL 33617 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: TEMPLE DRUMMOND

05/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRIMES, MALCOM K  
Address: 8935 SELPH ROAD  
City-St-Zip: LAKELAND, FL 33810 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TONEY, RICHARD W  
Address: PO BOX 1034  
City-St-Zip: LITHIA, FL 33547 US

Title: MGRM ( ) Change (X) Addition  
Name: TONEY, SONYA L  
Address: PO BOX 1034  
City-St-Zip: LITHIA, FL 33547

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: RICHARD W. TONEY

MGR

05/13/2009

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