


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90318 018 ***138.75

DOCUMENT # L07000022770					
1. Entity Name PROTEK CUSTOM COATINGS LLC					
Principal Place of Business 1320 GATESHEAD CIRCLE TALLAHASSEE, FL 32317			Mailing Address 1320 GATESHEAD CIRCLE TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent PENNY, LYNN LUCAS 1320 GATESHEAD CIRCLE TALLAHASSEE, FL 32317				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL 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 <u>Penny Lucas Manager</u> <u>Penny Lucas Manager</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-10-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, LYNN LUCAS 1320 GATESHEAD CIRCLE TALLAHASSEE, FL 32317			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, LYNN LUCAS 1320 GATESHEAD CIRCLE TALLAHASSEE, FL 32317			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, LYNN LUCAS 1320 GATESHEAD CIRCLE TALLAHASSEE, FL 32317			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, LYNN LUCAS 1320 GATESHEAD CIRCLE TALLAHASSEE, FL 32317			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, LYNN LUCAS 1320 GATESHEAD CIRCLE TALLAHASSEE, FL 32317			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, LYNN LUCAS 1320 GATESHEAD CIRCLE TALLAHASSEE, FL 32317			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, LYNN LUCAS 1320 GATESHEAD CIRCLE TALLAHASSEE, FL 32317			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENNY, LYNN LUCAS 1320 GATESHEAD CIRCLE TALLAHASSEE, FL 32317			<input type="checkbox"/> Delete	
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: <u>Penny Lucas</u> <u>Penny Lucas Manager</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>4-10-08</u> DAYTIME PHONE # <u>850 545 1894</u>	