

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090247

FILED
Mar 12, 2008
Secretary of State

Entity Name: REFLECTIVE POWDER COATING, LLC

Current Principal Place of Business:

1753 LEXINGTON AVE.
DELAND, FL 32724

New Principal Place of Business:

1753 LEXINGTON AVE.
SUITE A
DELAND, FL 32724

Current Mailing Address:

1753 LEXINGTON AVE.
DELAND, FL 32724

New Mailing Address:

1753 LEXINGTON AVE.
SUITE A
DELAND, FL 32724

FEI Number: 26-0652881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURTS, RICKY F
2750 LARKSPUR ROAD
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: BURTS, RICKY F
Address: 2750 LARKSPUR ROAD
City-St-Zip: DELAND, FL 32724

Title: MGRM () Delete
Name: BURTS, RICKY F JR.
Address: 1110 VISTA PALMA WAY
City-St-Zip: ORLANDO, FL 32825

Title: MGRM () Delete
Name: BURTS, SUSAN M
Address: 2750 LARKSPUR ROAD
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES:

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

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

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: RICKY F. BURTS

MGR

03/12/2008

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