

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105492

Entity Name: SE-CLIFF COATINGS LLC

FILED
Jan 11, 2009
Secretary of State

Current Principal Place of Business:

360 HORSECREEK DRIVE,
405
NAPLES, FL 34110

New Principal Place of Business:

14581 JUNIPER POINT LN
NAPLES, FL 34110

Current Mailing Address:

360 HORSECREEK DRIVE,
405
NAPLES, FL 34110

New Mailing Address:

14581 JUNIPER POINT LN
NAPLES, FL 34110

FEI Number: 35-2165525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
C/O CHEFFY, PASSIDOMO, ET AL.
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 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: CLIFFORD, THOMAS J
Address: 360 HORSECREEK DRIVE, #405
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: BASIL, STEVE
Address: 21700 PLANEWILD DR
City-St-Zip: WOODLANDHILLS, CA 91364

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLIFFORD, THOMAS J
Address: 14581 JUNIPER POINT LN
City-St-Zip: NAPLES, FL 34110

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: TOM CLIFFORD

MGR

01/11/2009

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