
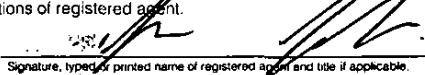
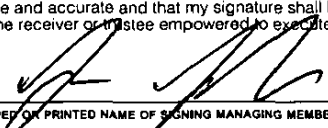


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90126 036 ***143.75

DOCUMENT # L07000107253					
1. Entity Name DOWN UNDER COATINGS, LLC					
Principal Place of Business 8194 NATURES WAY, APT 33 BRADENTON, FL 34202			Mailing Address 8194 NATURES WAY, APT 33 BRADENTON, FL 34202		
2. Principal Place of Business - No P.O. Box # 6623 64th Terrace East		3. Mailing Address 6623 64th Terrace East			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bradenton USA		City & State Bradenton FL		04022008 Chg-LLC CR2E083 (12/06)	
Zip FL		Country USA		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 34203		Zip 34203		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEHMAN, MARC 8194 NATURES WAY, APT 33 BRADENTON, FL 34202			7. Name and Address of New Registered Agent Name: Marc Lehman Street Address (P.O. Box Number is Not Acceptable): 6623 64th Terrace East City: Bradenton FL Zip Code: 34203		
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:  DATE: 4/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (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 LEHMAN, MARC 8194 NATURES WAY, APT 33 BRADENTON, FL 34202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lehman, Marc 6623 64th Terrace East Bradenton FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			4/4/08 941 704-3028		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		