## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035200

Entity Name: A BRUSH OF COLOUR LLC

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4801 WEST ANTHONY ROAD OCALA, FL 34475 US

Current Mailing Address: New Mailing Address:

4801 WEST ANTHONY ROAD OCALA, FL 34475 US

FEI Number: 77-0718684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BROWN, ALTON M
4781 W. ANTHONY RD.
OCALA, FL 34475 US
BROWN, ALTON M MR
4781 W. ANTHONY RD.
OCALA, FL 34475 US
OCALA, FL 34475 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: ALTON M. BROWN 04/10/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete Name: BROWN, ALAN R

Address: 4801 WEST ANTHONY ROAD
City-St-Zip: OCALA, FL 34475 US

Title: MGRM () Delete
Name: BROWN, SANDRA P
Address: 4801 WEST ANTHONY ROAD
City-St-Zip: OCALA, FL 34475 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition

Name: BROWN, ALAN R MR Address: 4801 WEST ANTHONY ROAD

City-St-Zip: OCALA, FL 34475 US

Title: MGRM (X) Change ( ) Addition
Name: BROWN, SANDRA P MRS
Address: 4801 WEST ANTHONY ROAD
City-St-Zip: OCALA, FL 34475 US

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: ALTON M. BROWN RA 04/10/2009