

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000017068

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** THREE FIVE TWO CUSTOMS, LLC

**Current Principal Place of Business:**

6740 SE 110TH STREET  
UNIT 201-202  
BELLEVIEW, FL 34420 US

**New Principal Place of Business:**

**Current Mailing Address:**

6740 SE 110TH STREET  
UNIT 201-202  
BELLEVIEW, FL 34420 US

**New Mailing Address:**

**FEI Number:** 26-4340149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A-100  
TAMPA, FL 33612 US

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

DYRUFF INSURANCE  
1157 NORTHEAST 14TH STREET  
OCALA, FL 34470 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: DYRUFF INSURANCE

02/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WARNICK, JASON C  
Address: 13395 SW 37TH AVENUE  
City-St-Zip: OCALA, FL 34473 US

I hereby 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: JASON WARNICK

MGMR

02/28/2011

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