# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2010**
**Secretary of State**

DOCUMENT# L09000045850

**Entity Name:** ROBERT CLARK WALLCOVERING LLC

**Current Principal Place of Business:**

256 PARADISE LN
APALACHICOLA, FL 32320 US

**New Principal Place of Business:**

**Current Mailing Address:**

256 PARADISE LN
APALACHICOLA, FL 32320 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

CLARK, ROBERT R
256 PARADISE LN
APALACHICOLA, FL 32320 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: MGRM
Name: CLARK, ROBERT R
Address: 256 PARADISE LN
City-St-Zip: APALACHICOLA, FL 32320 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 Statues.

SIGNATURE: ROBERT R. CLARK MGRM 04/30/2010

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