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2002 OCT 23 AM 11:39

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[redacted]

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002721

1. Entity Name

DISTINCTIVE FINISHES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5540 4 TH ST. WEST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES, FL	City & State
Zip: 33971 / Country: USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0876132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT J. QUILLEN

Street Address (P.O. Box Number is Not Acceptable): 12334 OAKBROOK COURT

City: FT MYERS, FL FL Zip Code 33908

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.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER ROBERT J. QUILLEN 12334 OAKBROOK COURT FT MYERS, FL 33909	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800008544838 10/23/02--01046--004 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER MARK MASSEY 4126 NATURES WAY # 27 BRADENTON FL 34202	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E051B (1/00)

10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #