

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L98000002721

1. Entity Name
DISTINCTIVE FINISHES, L.L.C.



Principal Place of Business
300 LEONARD BLVD. NORTH
LEIGH ACRES, FL 33971

Mailing Address
5540 4TH STREET WEST
LEIGH ACRES, FL 33971

FILED

2004 SEP 20 P 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272004 No Chg-LLC

CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

QUILLEN, ROBERT J
22920 N. RIVER RD.
ALVA, FL 33920

**DO NOT WRITE
IN THIS SPACE**

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

Robert J. Quillen Robert J. Quillen

9/15/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

504132902061
05/03/04 90145 001 \$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	QUILLEN, ROBERT J
STREET ADDRESS	22920 N. RIVER RD.
CITY-ST-ZIP	ALVA, FL 33920
TITLE	MGRM
NAME	MASSEY, MARK
STREET ADDRESS	786 REGENCY RESERVE CIR.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

COPY

**DO NOT WRITE
IN THIS SPACE**

11. 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #