LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90687 047 ****50.00

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DOCUMENT # L98000002721

1. Entity Name

DISTINCTIVE FINISHES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 LEONARD BLVD. N.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES, FL	City & State:
Zip: 33971 Country: LEE	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

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7. Name and Address of Current Registered Agent

Name: ROBERT J. QUILLEN

Street Address (P.O. Box Number is Not Acceptable): 22920 N. RIVER ROAD

City: ALVA, FL. FL Zip Code: 33920

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #