

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003029

Entity Name: CL COATINGS, LLC

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

9623 W. 194TH PLACE
MOKENA, IL 60448

New Principal Place of Business:

8450 W 191ST STREET
UNIT 19
MOKENA, IL 60448

Current Mailing Address:

9623 W. 194TH PLACE
MOKENA, IL 60448

New Mailing Address:

8450 W 191ST STREET
UNIT 19
MOKENA, IL 60448

FEI Number: 20-1396269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR () Delete
Name: CHAKOS, THOMAS
Address: 9623 W 194TH PLACE
City-St-Zip: MOKENA, IL 60448

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MANTA, LEO
Address: 8450 W 191ST STREET UNIT 19
City-St-Zip: MOKENA, IL 60448

Title: MGR () Change (X) Addition
Name: SOURBIS, SKOPIOTIS
Address: 8450 W 191ST STREET UNIT 19
City-St-Zip: MOKENA, IL 60448

Title: MGR () Change (X) Addition
Name: DELANGE, ALLAN
Address: 8450 W 191ST STREET UNIT 19
City-St-Zip: MOKENA, IL 60448

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEO MANTA

MGR

04/15/2005

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