

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000008762

**Entity Name:** US COATINGS, LLC

**Current Principal Place of Business:**

260 BALDWIN ROAD  
SATSUMA, AL 36572

**Current Mailing Address:**

260 BALDWIN ROAD  
SATSUMA, AL 36572 US

**FEI Number:** 20-3211454

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

Title MEMBER REPRESENTATIVE,  
SECRETARY  
Name JANG, CHUN  
Address 1501 W. FOUNTAINHEAD PARKWAY  
SUITE 550  
City-State-Zip: TEMPE AZ 85282

Title MANAGER  
Name RENFREW, BRENT  
Address 1501 W. FOUNTAINHEAD PARKWAY  
SUITE 550  
City-State-Zip: TEMPE AZ 85282

Title MANAGER, PRESIDENT  
Name WILLIAMS, CECIL  
Address 260 BALDWIN ROAD  
City-State-Zip: SATSUMA AL 36572

Title VP  
Name GUARISCO, GREG  
Address 260 BALDWIN ROAD  
City-State-Zip: SATSUMA AL 36572

Title VP  
Name FREEMAN, BRIAN  
Address 260 BALDWIN ROAD  
City-State-Zip: SATSUMA AL 36572

Title VP  
Name JORDAN, DONALD  
Address 260 BALDWIN ROAD  
City-State-Zip: SATSUMA AL 36572

Title ASST. SECRETARY  
Name SPAGNOLA, TONY  
Address 1501 W. FOUNTAINHEAD PARKWAY  
SUITE 550  
City-State-Zip: TEMPE AZ 85282

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHUN JANG

**SECRETARY**

**01/26/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date