2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # L04000088323** 04-29-2005 90033 046 ****50.00 MOLD WIZARD LLC Principal Place of Business Mailing Address 9002 RUGER RICHEY 9002 RUGER RICHEY NEW PORT RICHEY, FL 34655 **NEW PORT RICHEY, FL 34655** US US of Business Suite, Apt. #. etc. Suite, Apt. #. etc. 02032005 Chg-LLC CR2E083 (10/03) Gity & State City & State 4, FEI Number Applied For <u> ao-197</u>8969 Vavorre avas Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired SA 25A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGALZOOM NEVADA, INC. Street Address (P.O. Box Number is Not Acceptable) 44 W. FLAGLER ST. **SUITE 675** MIAMI, FL 33130 City Zip Code 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 SIGNATURE red agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition DUFFY, BRIAN J NAME NAME STREET ADDRESS 9002 RUGER RICHEY STREET ADDRESS NEW PORT RICHEY, FL 34655 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITD-F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CATY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. Horida Statutes.

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