

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046130

FILED
Apr 30, 2008
Secretary of State

Entity Name: BEST FOAM INSULATION APPLICATORS, LLC

Current Principal Place of Business:

5230 WEST SAXON CIRCLE
FORT LAUDERDALE, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

5230 WEST SAXON CIRCLE
FORT LAUDERDALE, FL 33331 US

New Mailing Address:

FEI Number: 26-2510706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLAN, JUDITH A ESQ.
761 NW 12TH AVENUE
DANIA BEACH, FL 33004 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/MANAGERS:

Title: MGRM () Delete
Name: MILOPOLOUS, GREGORY
Address: 5230 W. SAXON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: MGRM () Delete
Name: LAFAYETTE, CAREY JOHN
Address: 12225 TRIPPLE CREEK CIRCLE
City-St-Zip: DRIPPING SPRINGS, TX 78620

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: LAFAYETTE, CAREY JOHN
Address: 12225 TRIPPLE CREEK CIRCLE
City-St-Zip: DRIPPING SPRINGS, TX 78620

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GREGORY MILOPOULOS

MGRM

04/30/2008

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