

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058777

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** AFFORDABLE ARCHITECTURAL FOAM, LLC

**Current Principal Place of Business:**

6428 123RD AVENUE N.  
LARGO, FL 33773 US

**New Principal Place of Business:**

6428 123RD AVENUE N.  
UNIT 10A  
LARGO, FL 33773 US

**Current Mailing Address:**

P.O. BOX 56674  
ST. PETERSBURG, FL 337326674 US

**New Mailing Address:**

FEI Number: 26-0292641      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WEIS, STEPHEN JR.  
6428 123RD AVENUE N.  
LARGO, FL 33773 US

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

WEIS, STEPHEN JR.  
6428 123RD AVENUE N.  
UNIT 10A  
LARGO, FL 33773 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

04/29/2008

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEIS, STEPHEN JR  
Address: P.O. BOX 56674  
City-St-Zip: ST. PETERSBURG, FL 337326674 US

Title: MGRM ( ) Delete  
Name: SHINALL, JOHN  
Address: 9399 118TH TERRACE N.  
City-St-Zip: LARGO, FL 33773 US

**ADDITIONS/CHANGES:**

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

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

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: STEVE WEIS

MGRM

04/29/2008

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