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FILED
Feb 27, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L99000001716

1. Entity Name

FUNCTIONAL PRODUCTS, L.L.C.

Principal Place of Business	Mailing Address
1179 ATLANTIC BLVD. ATLANTIC BEACH FL 32233	1179 ATLANTIC BLVD ATLANTIC BEACH FL 32233

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/05)

4. FEI Number 59-3570467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUEGGENBURG, DIRK	NAME	
STREET ADDRESS	1179 ATLANTIC BLVD	STREET ADDRESS	00000044?084
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	CITY-ST-ZIP	03/08/06 00040 011 50.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, Florida Statutes.

SIGNATURE: DIRK MUEGGENBURG 2-14-06 1-904 249 8074
Signature and typed or printed name of managing member, manager, or authorized representative / Date / Daytime Phone #

Functional Products LLC
dba Mueggenburg North America
1179 Atlantic Blvd, Atlantic Beach, FL 32233 USA
Phone +19042498074
info@functional-products.com

$ 50,- enclosed