

04/27/2007 10:51 352-622-5610

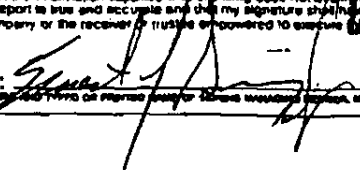
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4/30/2

FILED
May 16, 2007 8:00 am
Secretary of State

04-30-2007 90049 019 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000118727			
1. Entity Name CENTRAL FLORIDA FOAM & DESIGN LLC			
Principal Place of Business 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442 US		Mailing Address PO BOX 400 HERNANDO, FL 34442 US	
2. Principal Place of Business - No P.O. Box		3. Mailing Address PO BOX 400	
Succ. Agr. #, etc.		Succ. Agr. #, etc.	
City & State		City & State HOLDER FL	
Zip	Country	Zip 34445	Country US
8. Name and Address of Current Registered Agent SELIAS, ERNEST J SR 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 my address (if applicable) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Mails, check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MORM SELIAS, ERNEST J SR 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MORM SELIAS, ERNEST J SR 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MORM SELIAS, DAVID R 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not change the information contained in Chapter 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. I am a managing member or manager of the limited liability company or the receiver or trustee empowered to exercise this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		MANAGER MEMBER 4-27-07	

30007993



04062007 Chg-LLC CR2E063 (12/06)

6. FEI Number
20-8049041Address For
Not Applicable9. Certificate of Service Desired ☐ \$5.00 Addressee
Fee Required