

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035806

Entity Name: 24/7 DRYING, LLC

FILED  
Jan 31, 2008  
Secretary of State

**Current Principal Place of Business:**

51 GILES AVENUE #12  
NORTH HAVEN, CT 06473

**New Principal Place of Business:**

**Current Mailing Address:**

51 GILES AVENUE  
UNIT #12  
NORTH HAVEN, CT 06473

**New Mailing Address:**

FEI Number: 61-1458359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZICHICHI, JOSEPH P  
1103 NW 58TH TERRACE  
UNIT 114  
SUNRISE, FL 33313 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: MR ( ) Delete  
Name: ZICHICHI, JOSEPH P  
Address: 5 SLEEPY HOLLOW LANE  
City-St-Zip: GUILFORD, CT 06437

Title: MR ( ) Delete  
Name: PUGLISI, PAUL J  
Address: 460 FOUNTAIN STREET  
City-St-Zip: NEW HAVEN, CT 06515

**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: JOSEPH P. ZICHICHI

MGRM

01/31/2008

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