2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010621

1. Entity Name
95 INDUSTRIAL, L.C.

Principal Place of Business	Mailing Address
7601 SW LOST RIVER RD STUART, FL 33496	7601 SW LOST RIVER RD STUART, FL 33496

DO NOT WRITE IN THIS SPACE

01182008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
65-1121783	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PERLSTEIN, ARNOLD ESQ
441 MONTCLAIRE DR
WESTON, FL 33326

DO NOT WRITE IN THIS SPACE

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 $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STUART INTERNATIONAL CORP
STREET ADDRESS	7601 SW LOST RIVER RD
CITY-ST-ZIP	STUART, FL 33496

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/08-80033-023 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #