

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000140100

**Entity Name:** NATIONWIDE MOLDING LLC

**Current Principal Place of Business:**

5765 N SABLE CIRCLE  
MARGATE, FL 33063

**Current Mailing Address:**

5765 N SABLE CIRCLE  
MARGATE, FL 33063

**FEI Number:** 46-3826910

**Certificate of Status Desired:** No

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

BLAKNEY, ADAM J  
5765 N SABLE CIRCLE  
MARGATE, FL 33063 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

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BLAKNEY, ADAM J  
Address 5765 N SABLE CIRCLE  
City-State-Zip: MARGATE FL 33063

Title MGRM  
Name STEIN, JOSHUA L  
Address 2116 DITMAS AVE  
City-State-Zip: BROOKLYN NY 11226

Title MGRM  
Name WILLIAMS, JAHAN  
Address 5765 N SABLE CIRCLE  
City-State-Zip: MARGATE FL 33063

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSHUA L. STEIN

MGRM

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date