

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016395

Entity Name: M.E.L.T. MANUFACTURING, L.L.C.

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

841 DRIVE BUICK AVE
ORLANDO, FL 32808

New Principal Place of Business:

7897 SW JACK JAMES DR
F
STUART, FL 34997

Current Mailing Address:

841 DRIVE BUICK AVE
ORLANDO, FL 32808

New Mailing Address:

7897 SW JACK JAMES DR
F
STUART, FL 34997

FEI Number: 59-3745052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARGENT, WAYNE B II
841 DRIVE BUICK AVE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

SARGENT, WAYNE B II
7897 SW JACK JAMES DR
F
STUART, FL 34997 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: WAYNE B SARGENT

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SARGENT, WAYNE B II
Address: 841 DRIVE BUICK AVE
City-St-Zip: ORLANDO, FL 32808

Title: MGR (X) Delete
Name: LAMM, MARK S
Address: 841 DRIVE BUICK AVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SARGENT, WAYNE B II
Address: 797 SW LONG LAKE CT
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE B SARGENT II

MGR

04/05/2007

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