

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90089 002 ***138.75

60006596



01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number **52-2345574** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEDERICK, ROBERT D
2912 FORSYTH RD
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name **International Product Services LLC**
Street Address (P.O. Box Number is Not Acceptable) **1075 DRUID DRIVE**
City **MAITLAND** FL Zip Code **32751**

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 *William J. Behr* **William J. BEHR - MANAGER** **1-25-08**
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **KEDERICK, ROBERT DAVID**
STREET ADDRESS **2305 SMILEY AVE.**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Strecke, Ulrich**
STREET ADDRESS **1075 DRUID DRIVE**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *William J. Behr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #