

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000021093

1. Entity Name

STRONGSEAL RECYCLED RUBBERIZED PRODUCTS, LLC



FILED

06 APR 21 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
400 N. NEW YORK AVENUE, SUITE 103
WINTER PARK FL 32789

Mailing Address
400 N. NEW YORK AVENUE, SUITE 103
WINTER PARK FL 32789

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

98

1st MOORE

CR2E083 (10/05)

4. FEI Number 59-3631085

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OGILVIE, C H JR
400 N. NEW YORK AVENUE, SUITE 103
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
OGILVIE, C.H. JR
400 N. NEW YORK AVENUE, SUITE 103
WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
RICHARDSON, BARRIE C
400 N NEW YORK AVE., STE 103
WINTER PARK FL 32789

☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

C.H. Ogilvie Jr. 4/4/06