

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021093

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** STRONGSEAL RECYCLED RUBBERIZED PRODUCTS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3631085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: OGILVIE, C.H. JR  
Address: 400 N. NEW YORK AVENUE, SUITE 103  
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete  
Name: RICHARDSON, BARRIE C  
Address: 400 N NEW YORK AVE., STE 103  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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:** CHARLES OGILVIE

P

02/18/2009

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