

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # L02000001824</b> 1. Entity Name <b>CORLYTE PRODUCTS, LLC</b>			
Principal Place of Business <b>46 N. WASHINGTON BLVD., #1</b> <b>SARASOTA, FL 34236</b>		Mailing Address <b>46 N. WASHINGTON BLVD., #1</b> <b>SARASOTA, FL 34236</b>	
2. Principal Place of Business <b>2201 INDUSTRIAL BLVD.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SARASOTA, FL</b>		City & State	
Zip <b>34234</b>	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>LPS CORPORATE SERVICES, INC.</b> <b>46 N. WASHINGTON BLVD., #1</b> <b>SARASOTA, FL 34236</b>			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIEGLER, CAROL 435 L'AMBIANCE DR., UNIT M608 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	10. TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIEGLER, MORTON A 435 L'AMBIANCE DR., UNIT M608 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NEWCORE L.P. 3040 GRAND BAY BLVD. LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RYAN, DALE B 1001 CHALKSTONE DR. MITCHELL, SD 57301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NISA DHAMABUTRA, RYAN 1001 CHALKSTONE DR. MITCHELL, SD 57301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chap			
<b>SIGNATURE:</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0557712	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**

LPS CORPORATE SERVICES, INC.  
46 N. WASHINGTON BLVD., #1  
SARASOTA, FL 34236

Name \_\_\_\_\_

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

City

FL

Zip Code
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State.**

9.	MANAGING MEMBERS/MANAGERS
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10.	ADDITIONS/CHANGES
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TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SIEGLER, CAROL	
STREET ADDRESS	435 L'AMBIANCE DR., UNIT M608	
CITY - ST - ZIP	LONGBOAT KEY, FL 34228	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SIEGLER, MORTON A	
STREET ADDRESS	435 L'AMBIANCE DR., UNIT M608	
CITY - ST - ZIP	LONGBOAT KEY, FL 34228	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NEWCORE L.P.	
STREET ADDRESS	3040 GRAND BAY BLVD.	
CITY - ST - ZIP	LONGBOAT KEY, FL 34228	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RYAN, DALE B	
STREET ADDRESS	1001 CHALKSTONE DR.	
CITY - ST - ZIP	MITCHELL, SD 57301	

TITLE	<div> <input checked="" type="checkbox"/> Change         <input type="checkbox"/> Addition       </div>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2201 INDUSTRIAL BLVD.  
 SARASOTA, FL 34234

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NISA DHAMABUTRA, RYAN	
STREET ADDRESS	1001 CHALKSTONE DR.	
CITY-ST-ZIP	MITCHELL, SD 57301	

TITLE			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS	2201 INDUSTRIAL BLVD.			
CITY-ST-ZIP	SARASOTA, FL 34234			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John A. Reinhardt (941) 359-9095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone #

DALE B. RYAN, MGRM