2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Sep 08, 2004 08:00 AM Secretary of State

346-8587

Daytime Phone #

21/04

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DOCUMENT # L02000024985 1. Entity Name LET'S SEAL IT, LLC		85		Secretary of State
Principal Place of Business 10995 NW 71ST CT PARKLAND, FL 33076 Mailing Address 10995 NW 71ST CT PARKLAND, FL 33076				
DO NOT WRITE IN THIS SPA			CE	07012004 No Chg-LLC CR2E083 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent				
HAUER, ABBY 10995 NW 71ST COURT PARKLAND, FL 33076				DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and little if applicable (NOTE: Register			ed Agent signature required	when reinstating) DATE
Filing Fee is \$50.00 Due by September 8, 2004				U00000171845 09/08/04-80008-005 55 00
9,	MANAGING MEMBER	S/MANAGERS		A COMPANY OF ANY MAKES A COMPANY OF A COMPAN
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM HAUER, ABBY 10995 NW 71 COURT PARKLAND, FL 33076		-	and the general to
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-2!P				
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)(i), 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 certify regions of the security of the company or the certify regions are controlled in the certification.				