2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024985

1. Entity Name
LET'S SEAL IT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 26 PM 3:00

Principal Place of Business	Mailing Address
10995 NW 71ST CT PARKLAND, FL 33076	10995 NW 71ST CT PARKLAND, FL 33076
2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

05252005 Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2515410

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
HAUER, ABBY 10995 NW 71ST COURT PARKLAND, FL 33076	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

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAUER, ABBY 10995 NW 71 COURT PARKLAND, FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100055409181 05/27/05--01043--002 **55.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: A. Hauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Abby Hauer