

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 30, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000027799

1. Entity Name
ALLIED AEROFOAM PRODUCTS, LLC



Principal Place of Business

**216 KELSEY LANE
TAMPA, FL 33619**

Mailing Address

**216 KELSEY LANE
TAMPA, FL 33619**



01202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0037940

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RASH, ALAN
STREET ADDRESS	216 KELSEY LANE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	MGRM
NAME	BAKER, HARRY D
STREET ADDRESS	216 KELSEY LANE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000406976
02/07/06-80113-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Harry D. Baker **HARRY D. BAKER**

1-20-06

813
626-0090

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

Date

Daytime Phone #