

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90106 032 ****50.00

DOCUMENT # L02000033751

1. Entity Name

ARDEX OF SOUTH FLORIDA, LLC



Principal Place of Business

2150 BYBERRY RD
PHILADELPHIA, PA 19116

Mailing Address

4147 NORTH DIXIE HWY
POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE



04062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

42-1574773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, FRED
6911 WEST CHESTER CIR
BRADENTON, FL 34202

**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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/05

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ARDEX LABORATORIES, INC.
STREET ADDRESS 2050 BYBERRY RD
CITY-ST-ZIP PHILADELPHIA, PA 19116

TITLE VP
NAME Steve Goldman
STREET ADDRESS 2050 Byberry Rd
CITY-ST-ZIP Phila PA 19116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

DATE

Daytime Phone #

4/20/05

215 698 0500