2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000018242

MOLD LOSS PREVENTION, LLC

FILED Feb 01, 2006 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

2921 NE 8 TERRACE POMPANO BEACH, FL 33064 2921 NE 8 TERRACE

POMPANO BEACH, FL 33064



01242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3688965 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, THOMAS A 2921 NE 8 TERRACE POMPANO BEACH, FL 33064

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 little if applicable.	(NOTE, Registered Agent signature required when reinstaling)	DATÉ
Filing Fee is \$50.00 Due by May 1, 2008			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P FRANKLIN, THOMAS 2921 NE 8TH TER POMPANO BEACH, FL 33064		
TITLE NAME STREET ADDRESS CHTY-ST-ZP			000000413449 02/10/06-80089-019 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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

SIGNATURE: Thomas A. Franklin, Kartner