

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045216

Entity Name: KOOL TEK, L.L.C.

FILED
May 21, 2007
Secretary of State

Current Principal Place of Business:

2355 RADEN DRIVE
LAND O'LAKES, FL 34639

New Principal Place of Business:

5528 LAND O LAKES BLVD
LAND O'LAKES, FL 34639

Current Mailing Address:

PO BOX 1428
LAND O'LAKES, FL 34639

New Mailing Address:

PO BOX 1439
LAND O'LAKES, FL 34639

FEI Number: 52-2420176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WINKLER, BERNARD
P.O. BOX 1441
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

WINKLER, BERNARD
5528 LAND O LAKES BLVD
LAND O LAKES, FL 34639 US

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.

SIGNATURE:

05/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WINKLER, BERNARD
Address: P.O. BOX 1441
City-St-Zip: LAND O LAKES, FL 34639

Title: MGR () Delete
Name: WINKLER, LYNN
Address: P.O. BOX 1441
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BERNARD WINKLER

MGR

05/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date