2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 01, 2007 8:00 am Secretary of State

DOCUMENT # L03000050245 08-01-2007 90015 016 ****55.00 1. Entity Name CERAMICTEC, LLC Principal Place of Business Mailing Address 60054032 9 SANCTUARY AVE P.O. BOX 100 DEBARY, FL 32713 DEBARY, FL 32753 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-0453042 Not Applicable Zip Country Country \$5.00 Additional Zin 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Regit bered Agent SHUTE, BRIAN M Street Address (P.O. Box Number is Not Acceptable) 9 SANCTUARY AVE. DEBARY, FL 32713 City Zip Code FL 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, typed or printed name of registered agent and trill if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee Is \$50.00 Due by September 14, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Change ☐ Addition Delete TITLE NAME SHUTE, BRIAN M NAME STREET ADDRESS 9 SANCTUARY AVE. STREET ADDRESS CITY-ST-ZP DEBARY, FL 32713 CITY-ST-ZIP TILE Delete NTLE ☐ Addition ☐ Change NAME KAME STREET ADDRESS STREET ADORESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP Detete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Change ☐ Addition NAME HALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filting 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 ered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver or trustes 1-27-177

Date

Daytime Phone if

NATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE