

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006235

Entity Name: CUSTOM PROCESSING, LLC.

FILED  
Apr 06, 2006  
Secretary of State

## Current Principal Place of Business:

620 BAY LAKE TRAIL  
OLDSMAR, FL 34677

## New Principal Place of Business:

6549 FREEPORT DRIVE  
SPRING HILL, FL 34608

## Current Mailing Address:

620 BAY LAKE TRAIL  
OLDSMAR, FL 34677

## New Mailing Address:

6549 FREEPORT DRIVE  
SPRING HILL, FL 34608

FEI Number: 20-0202685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASSON-HARAKAL, LAURA L MGRM  
620 BAY LAKE TRAIL  
OLDSMAR, FL 34677 US

## Name and Address of New Registered Agent:

CASSON-HARAKAL, LAURA L MGRM  
6549 FREEPORT DRIVE  
SPRING HILL, FL 34608 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: LAURA CASSON-HARAKAL

04/06/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CASSON-HARAKAL, LAURA L MGRM  
Address: 620 BAY LAKE TRAIL  
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Delete  
Name: HARAKAL, GRAHAM C MGRM  
Address: 620 BAY LAKE TRAIL  
City-St-Zip: OLDSMAR, FL 34677

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CASSON-HARAKAL, LAURA L MGRM  
Address: 6549 FREEPORT DRIVE  
City-St-Zip: SPRING HILL, FL 34608

Title: MGRM (X) Change ( ) Addition  
Name: HARAKAL, GRAHAM C MGRM  
Address: 6549 FREEPORT DRIVE  
City-St-Zip: SPRING HILL, FL 34608

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURA CASSON-HARAKAL

MGRM

04/06/2006

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