

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016595

Entity Name: SEALCOAT TECHNOLOGIES, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

2730 SW 3RD AVENUE
SUITE 206
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

2730 SW 3RD AVENUE
SUITE 206
MIAMI, FL 33129

New Mailing Address:

FEI Number: 20-0839342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPROLITE CORPORATION
ONE S.E. 3RD AVE., SUITE 2130
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MEYER, ALEXANDER A MR
2730 SW THIRD AVENUE
206
MIAMI, FL 33129 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: ALEXANDER A MEYER

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PST () Delete
Name: BLOHM, MARIA J
Address: 2730 SW 3RD AVENUE, STE. 206
City-St-Zip: MIAMI, FL 33129

Title: V () Delete
Name: MEYER, ALEXANDER
Address: 2730 SW 3RD AVENUE, STE. 206
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: V (X) Change () Addition
Name: BLOHM, MARIA J
Address: 2730 SW 3RD AVENUE, STE. 206
City-St-Zip: MIAMI, FL 33129

Title: PST (X) Change () Addition
Name: MEYER, ALEXANDER
Address: 2730 SW 3RD AVENUE, STE. 206
City-St-Zip: MIAMI, FL 33129

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: MARIA J BLOHM

V

03/26/2009

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