


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90042 044 ****50.00

DOCUMENT # L04000056424					
1. Entity Name TOB SPECIALTY PRODUCTS, L.L.C.					
Principal Place of Business 1792 CRANBERRY ISLES WAY APOPKA, FL 33712			Mailing Address 1792 CRANBERRY ISLES WAY APOPKA, FL 33712		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOGLE, SEAN ESQUIRE 706 TURNBULL AVE., SUITE 203 ALTAMONTE SPRINGS, FL 32701			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORES, DONALD J SR. 1792 CRANBERRY ISLES WAY APOPKA, FL 32712 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Paul R. Walsh, Jr.</u> Managing Member			3-07-06 704-205-4764		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT

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Page Two

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Managing Members:

Consultants to Industry, Inc.
1792 Cranberry Isles Way
Apopka, FL 32712

PWMC, Inc.
1904 Canyonwood Court
Valrico, FL 33594

McGaycee, Inc.
28 Ash Street
Basking Ridge, NJ 07920

Vicsidi Communications, Inc.
One Hollis Street
Suite 305
Wellesley, MA 02482

Paul Hoge
7105 Marshville Boulevard
Marshville, NC 28103

Lily and Associates, Inc.
15 Louis Street
Hicksville, NY 11801

ATTACHMENT

The Law Offices of Sean F. Bogle, P.A.

P.O. Box 151358, Altamonte Springs, FL 32715-1358
706 Turnbull Avenue, Suite 203, Altamonte Springs, FL 32701
Phone: 407-834-3311 Fax: 407-834-3302

Sean F. Bogle, MBA, J.D. *

Catherine M. Outlan, Paralegal
Jodi Outlan, Legal Assistant

* Also Admitted in the District of Columbia

20027031

Tuesday, April 04, 2006

#L04000056424

State of Florida
Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: TOB Specialty Products, LLC Limited Liability Company Annual Report

To Whom It May Concern:

Enclosed please find the following documents for filing by the aforementioned:

TOB Specialty Products, LLC Limited Liability Company Annual Report,
Check Number 1241 in the amount of \$50.00 for filing the Annual Report.

Please contact our office with any questions.

Sincerely,


Sean F. Bogle

Cc: TOB Specialty Products, LLC