

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059148

Entity Name: PHD FORMULATIONS, LLC

FILED  
Feb 07, 2007  
Secretary of State

## Current Principal Place of Business:

6315 WINGSPAN WAY  
BRADENTON, FL 34203

## New Principal Place of Business:

## Current Mailing Address:

6315 WINGSPAN WAY  
BRADENTON, FL 34203

## New Mailing Address:

FEI Number: 65-1231251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELEONARDIS, SUSAN  
6315 WINGSPAN WAY  
BRADENTON, FL 34203 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DELEONARDIS, SUSAN  
Address: 6315 WINGSPAN WAY  
City-St-Zip: BRADENTON, FL 34203

Title: MGRM ( ) Delete  
Name: DELEONARDIS, CANDACE  
Address: 2933 BAYSHORE POINTE DR.  
City-St-Zip: TAMPA, FL 33611

Title: MGRM ( ) Delete  
Name: MCNULTY, AMY  
Address: 4611 RADER PASS  
City-St-Zip: SAN ANTONIO, TX 78247

Title: MGRM ( ) Delete  
Name: WALSH, KATHLEEN  
Address: 4611 RADER PASS  
City-St-Zip: SAN ANTONIO, TX 78247

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: DELEONARDIS, CANDACE  
Address: 340 TREELINE PARK, APT 418  
City-St-Zip: SAN ANTONIO, TX 78209

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 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: KATHLEEN WALSH

MGRM

02/07/2007

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