

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062220

Entity Name: MOLD SPECIALISTS GROUP LLC

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 701431  
ST. CLOUD, FL 34770

## New Principal Place of Business:

506 MONTANA AVE.  
ST. CLOUD, FL 34769

## Current Mailing Address:

P.O. BOX 701431  
ST. CLOUD, FL 34770

## New Mailing Address:

506 MONTANA AVE.  
ST. CLOUD, FL 34769

FEI Number: 83-0408036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARNES, JULIE A  
331 ILLINOIS AVE.  
ST. CLOUD, FL 34769 US

## Name and Address of New Registered Agent:

BARNES, JULIE A  
506 MONTANA AVE.  
ST. CLOUD, FL 34769 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:

04/24/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BARNES, JULIE A  
Address: 331 ILLINOIS AVE.  
City-St-Zip: ST. CLOUD, FL 34769

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BARNES, JULIE A  
Address: 506 MONTANA AVE.  
City-St-Zip: ST. CLOUD, FL 34769

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: JULIE A. BARNES

MGR

04/24/2007

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