

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078780

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: EMPIRE TILT-UP SYSTEMS, LLC

**Current Principal Place of Business:**

250 SPRINGVIEW COMMERCE DRIVE  
SUITE 200  
DEBARY, FL 32713 US

**New Principal Place of Business:**

**Current Mailing Address:**

250 SPRINGVIEW COMMERCE DRIVE  
SUITE 200  
DEBARY, FL 32713 US

**New Mailing Address:**

FEI Number: 20-1825190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROCTOR, RICHARD E JR  
27852 LAKE JEM ROAD  
MOUNT DORA, FL 32757 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: PROCTOR, RICHARD E JR  
Address: 27852 LAKE JEM ROAD  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: MGRM ( ) Delete  
Name: PROCTOR, RICHARD W  
Address: 224 ALEXANDRA WOODS DRIVE  
City-St-Zip: DEBARY, FL 32713 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: PROCTOR, RICHARD W  
Address: 17735 EAST LAKE JEM ROAD  
City-St-Zip: MOUNT DORA, FL 32757 US

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: RICHARD E. PROCTOR, JR.

MGRM

02/24/2009

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