

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000089686

1. Entity Name
PHOENIX PRODUCTS, LLC



Principal Place of Business
**500 WORLD COMMERCE PARKWAY
ST. AUGUSTINE, FL 32092**

Mailing Address
**P.O. BOX 45022
JACKSONVILLE, FL 32232**

DO NOT WRITE IN THIS SPACE



01232007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1994614

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLBROOK COLD, KATHLEEN
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ROY, RON
500 WORLD COMMERCE PKWY
SAINT AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RINGHAVER, RANDY
500 WORLD COMMERCE PKWY.
SAINT AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GEDDES, TIMOTHY
500 WORLD COMMERCE PKWY
SAINT AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GRUBB, JOHN
500 WORLD COMMERCE PKWY
SAINT AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000633280
02/21/07-80055-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

RONALD T. ROY

Date

2/7/07

Daytime Phone #

904-493-8105