

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019756

Entity Name: MOLD SOLUTIONS, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

3111 CARDINAL DR
VERO BEACH, FL 32963

New Principal Place of Business:

5099 NORTH A1A
SUITE C
VERO BEACH, FL 32963

Current Mailing Address:

3111 CARDINAL DR
VERO BEACH, FL 32963

New Mailing Address:

5099 NORTH A1A
SUITE C
VERO BEACH, FL 32963

FEI Number: 20-2402838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'HAIRE, MICHAEL
3111 CARDINAL DR
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

KIRK, WILLIAM N
979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963 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: WILLIAM N. KIRK

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOYNTON, L. RALPH
Address: 4842 WOOD DUCK CIR
City-St-Zip: VERO BEACH, FL 32967

Title: MGRM (X) Delete
Name: DAVIS, GENEVIEVE
Address: 5099 NORTH A1A SUITE C
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVIS, GENEVIEVE
Address: 5099 NORTH A1A SUITE C
City-St-Zip: VERO BEACH, FL 32963

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

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: GENEVIEVE DAVIS

MGRM

04/23/2009

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