## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000019940

1. Entity Name

ARCHER ENGINEERED RESINS, LLC

Principal Place of Business

Mailing Address

1640 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404 1640 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404 FILED Feb 29, 2008 08:00 AN Secretary of State



02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2518118 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAH, CARL L.C. III 1640 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404

SIGNATURE:

SIGNATURE AND TYPED OF

## 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 it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVIS, DEBORAH K 1640 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARX, GRETCHEN K 1640 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404		U00000844298 03/12/08-80030-019 143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAH, CARL L.C.	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

ONITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE