

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90075 040 \*\*\*138.75

<b>DOCUMENT # L05000021819</b> 1. Entity Name <b>CUSTOM FOAM ELEMENTS, LLC</b>					
Principal Place of Business <b>930 ROBERTS ROAD UNIT #50 LAKE HAMILTON, FL 33851 US</b>			Mailing Address <b>P.O. BOX 0335 LAKE HAMILTON, FL 33851 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1997 42<sup>nd</sup> ST. NW</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>WINTER HAVEN, FL.</b>		City & State		4. FEI Number <b>56-2057403</b>	
Zip <b>33881</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHOLLER, BRANDON R 670 VALENCIA PLACE CIRCLE ORLANDO, FL 32825</b>				7. Name and Address of New Registered Agent Name <b>JAMES H. WADE</b> Street Address (P.O. Box Number is Not Acceptable) <b>102 LOCHEN DR. SE</b> <b>WINTER HAVEN</b> City <b>FL</b> Zip Code <b>33884</b>	
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  DATE <b>1-11-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHOLLER, BRANDON R 670 VALENCIA PLACE CIRCLE ORLANDO, FL 32825</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>MGR</del> President WADE, JAMES H JR. 211 COLLEGE GROVE CIRCLE NE WINTER HAVEN, FL 33881</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President JAMES H. WADE 102 LOCHEN DR. WINTER HAVEN, FL 33884</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Toni G. WADE-Vice-Pres. 102 LOCHEN DR. SE WINTER HAVEN, FL 33884</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date <b>1-11-08</b> Daytime Phone # <b>863-967-6800</b>		

60008837



01102008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

FL 33884

1-11-08

☒ Change ☐ Addition

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