

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000038436

FILED
May 29, 2008
Secretary of State

Entity Name: COMMERCIAL EXTRUSION PRODUCTS, LLC

Current Principal Place of Business:

1909 N.E. 25TH AVENUE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1909 N.E. 25TH AVENUE
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-1360722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32114 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: MGR () Delete
Name: LAWTON, BRIAN
Address: 1605 NORFOLK AVENUE
City-St-Zip: THE VILLAGES, FL 32162

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEES, GEORGE R
Address: 1909 N.E. 25TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: MGR () Change (X) Addition
Name: LEES, LAURA D
Address: 1909 N.E. 25TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: MGR () Change (X) Addition
Name: BACON, SUSAN A
Address: 1909 N.E. 25TH AVENUE
City-St-Zip: OCALA, FL 34470

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: GEORGE R. LEES

MGR

05/29/2008

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