

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050649

Entity Name: TARPAFLEX US, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

4760 ENTERPRISE AVENUE
UNIT # 402
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

1035 N. COLLIER BLVD.
312
MARCO ISLAND, FL 34145

New Mailing Address:

4760 ENTERPRISE AVENUE
UNIT # 402
NAPLES, FL 34104

FEI Number: 20-3373647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARC, SCOLA
1035 N. COLLIER BLVD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

MARCO, SCOLA
771 S. BARFIELD DRIVE
MARCO ISLAND, FL 34145 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: MARCO SCOLA

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAGE, GRETHE
Address: 20634 WEST SILVER PALM DRIVE
City-St-Zip: ESTERO, FL 33928

Title: MGRM () Delete
Name: PAGE, ROBERT
Address: 20634 WEST SILVER PALM DRIVE
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES:

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

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: BOB PAGE

PRES

05/01/2009

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