

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068406

FILED
Feb 25, 2009
Secretary of State

Entity Name: INDUSTRIAL SUPPLY NETWORK, LLC

Current Principal Place of Business:

10640 NW 27TH STREET
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10640 NW 27TH STREET
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-8907216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTON, EDUARDO
1385 CORAL WAY
406
MIAMI, FL 33145 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: MGRM () Delete
Name: WELLISCH, ROBERT
Address: 10640 NW 27TH STREET, UNIT 202
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: ROJAS, HENRIQUE
Address: 10640 NW 27TH STREET, UNIT 202
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: BOCCARDO, YONG M
Address: 10640 NW 27TH STREET, UNIT 202
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: BOCCARDO, YONE M
Address: 10640 NW 27TH STREET, UNIT 202
City-St-Zip: MIAMI, FL 33172

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: HENRIQUE ROJAS

MGR

02/25/2009

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