

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90034 034 \*\*\*\*55.00

**DOCUMENT # L05000094709**

1. Entity Name  
**NITRASPEC LIMITED LIABILITY COMPANY**



Principal Place of Business  
**14720 CORAL BERRY DR.  
 TAMPA, FL 33626**

Mailing Address  
**P.O. BOX 262105  
 TAMPA, FL 33685-2105**

2. Principal Place of Business  
*14720 Coral Berry dr*

3. Mailing Address

Suite, Apt. #, etc.

City & State  
*Tampa, FL*

City & State

Zip  
*33626*

Country  
*Hillsborough*

Zip

Country



05022006 Chg-LLC CR2E083 (11/05)

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ELDRIDGE, MITCHELL T  
 14720 CORAL BERRY DR.  
 TAMPA, FL 33626**

7. Name and Address of New Registered Agent

Name  
*Mitchell Eldridge, T*

Street Address (P.O. Box Number is Not Acceptable)  
*14720 Coral Berry dr*

City  
*Tampa*

FL Zip Code  
*33626*

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 *Mitchell Eldridge* DATE *5/1/06*

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 6, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELDRIDGE, MITCHELL T 14720 CORAL BERRY DR. TAMPA, FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUBOSE, DON 18123 SAILFISH DR. APT. 6 LUTZ, FL 33558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mitchell Eldridge* DATE: *5/1/06* DAYTIME PHONE #: *813-876-1375*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE