

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004756

Entity Name: FLORIDA SPRAY FOAM, LLC

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

157 CEDAR RIDGE CIRCLE
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

1093 A1A BEACH BOULEVARD
#526
ST. AUGUSTINE, FL 32080 US

Current Mailing Address:

157 CEDAR RIDGE CIRCLE
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

1093 A1A BEACH BOULEVARD
#526
ST. AUGUSTINE, FL 32080 US

FEI Number: 02-0768681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: BELMONT, BRUCE E
Address: 157 CEDAR RIDGE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BELMONT, BRUCE E
Address: 1093 A1A BEACH BOULEVARD, #526
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE E. BELMONT

MGRM

01/25/2007

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