

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007124

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** CHIMNEY CAPS BY OZ LLC.

**Current Principal Place of Business:**

MOBILE SERVICE 13 29 NE 17 TH TERR  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

MOBILE SERVICE 1329 NE 17 TH TERR  
CAPE CORAL, FL 33909 US

**Current Mailing Address:**

PO BOX 152604  
CAPE CORAL, FL 33915 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM INC  
813 DELTONA BLVD, SUITE A  
DELTONA, FL 32725 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  
Name: OSMULSKI, M J  
Address: PO BOX 152604  
City-St-Zip: CAPE CORAL, FL 33915 US

I hereby 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: MICHAEL OSMULSKI MGR 04/26/2010

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