

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054858

FILED
Feb 19, 2008
Secretary of State

Entity Name: INNOVATIVE MOLD SOLUTIONS, LLC

Current Principal Place of Business:

4915 SAN RAFAEL ST
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 10555
TAMPA, FL 33679

New Mailing Address:

FEI Number: 75-3221497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMS, SCOTT L
4915 SAN RAFAEL ST
TAMPA, FL, FL 33629 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: INNOVATIVE WELL SOLU, TIONS, INC.
Address: 4915 SAN RAFAEL ST
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: SIMMS, SCOTT L
Address: 4915 SAN RAFAEL ST
City-St-Zip: TAMPA, FL 33629

Title: MGR (X) Delete
Name: HUME, ROBERT
Address: 2622 S DUNDEE
City-St-Zip: TAMPA, FL 33629

Title: MGR (X) Delete
Name: WILLIAMS, DAN
Address: 4310 DUNBARTON #2T
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

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

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

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: SCOTT L SIMMS

MGR

02/19/2008

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