

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066627

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: SPECIALTY TAPE FACTORY, LLC

**Current Principal Place of Business:**

730 N.W. 195TH AVENUE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

730 N.W. 195TH AVENUE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 86-1170852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ, LEONARDO A  
730 N.W. 195TH AVENUE  
PEMBROKE PINES, FL 33029 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 ( ) Delete  
Name: PEREZ, LEONARDO  
Address: 730 N.W. 195TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete  
Name: HOLT, DAVID J  
Address: 10971 S.W. 42ND PLACE  
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete  
Name: CHRISTIANSEN, ANSON  
Address: 8220 S.W. 63RD PLACE  
City-St-Zip: MIAMI, FL 33143

**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:

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: LEONARDO PEREZ

CEO

04/22/2009

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