

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073679

Entity Name: U.S. SLIDE TOOL, LLC

FILED
Mar 11, 2007
Secretary of State

Current Principal Place of Business:

205 WALER WAY
#1
ST. AUGUSTINE, FL 32086

Current Mailing Address:

205 WALER WAY
#1
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

205 WALER WAY
UNIT#1
ST. AUGUSTINE, FL 32086

New Mailing Address:

205 WALER WAY
UNIT#1
ST. AUGUSTINE, FL 32086

FEI Number: 16-1767093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUHAIME, CLIFFORD A
933 S. FOREST CREEK DR.
ST. AUGUSTINE, FL 32092 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: DUHAIME, CLIFFORD A
Address: 933 S. FOREST CREEK DR.
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGR () Delete
Name: DUHAIME, KAREN M
Address: 933 S. FOREST CREEK DR.
City-St-Zip: ST. AUGUSTINE, FL 32092 US

ADDITIONS/CHANGES:

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 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: CLIFFORD A. DUHAIME

MGR

03/11/2007

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