

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90185 019 ****50.00

DOCUMENT # L06000090191

1. Entity Name

AMERICAN FOAM CONCEPTS LLC



Principal Place of Business

7320 OSPREY LANDING POINT
LAKELAND FL 33813

Mailing Address

7320 OSPREY LANDING POINT
LAKELAND FL 33813



2. Principal Place of Business - No P.O. Box #
4040 Kidron Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

Same

City & State

Lakeland FL

City & State

AS #2

1st MOORE

CR2E083 (10/06)

4. FEI Number

06-1792547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLEY, JONATHAN
7320 OSPREY LANDING POINT
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: COLLEY, JONATHAN
STREET ADDRESS: 7320 OSPREY LANDING POINT
CITY - ST - ZIP: LAKELAND FL 33813 ☐ Delete

TITLE: MGR
NAME: COLLEY, SEIRY
STREET ADDRESS: 7320 OSPREY LANDING POINT
CITY - ST - ZIP: LAKELAND FL 33813 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
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10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition
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CITY - ST - ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/2/07 *863 607-6560*