


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90208 049 \*\*\*\*50.00

|   |  |                                 |  |   |   |
|---|--|---------------------------------|--|---|---|
| <b>DOCUMENT # L06000098615</b>  |  |                                 |  |  |   |
| <b>1. Entity Name</b><br>CHEM-HYDRO SCIENCE AND CONSUMER PRODUCTS, LLC  |  |                                 |  |   |   |
| <b>Principal Place of Business</b><br>7519 WINGING WAY DRIVE<br>TAMPA, FL 33615 US  |  |                                 | <b>Mailing Address</b><br>7519 WINGING WAY DRIVE<br>TAMPA, FL 33615 US               |   |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  |                                 | <b>3. Mailing Address</b>  |   |   |
| Suite, Apt. #, etc.   |  |                                 | Suite, Apt. #, etc.  |   |   |
| City & State  |  |                                 | City & State   |   |   |
| Zip   |  | Country                         |  | Zip   |   |
| Country   |  | Country                         |  | 01052007    Chg-LLC    CR2E083 (12/06)  |   |
| <b>4. FEI Number</b><br>20-5691529  |  |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| <b>5. Certificate of Status Desired</b>   |  |                                 |  | <input type="checkbox"/> \$5.00 Additional Fee Required                           |   |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                                 | <b>7. Name and Address of New Registered Agent</b>                                   |   |   |
| LAW OFFICES OF CHRISTOPHER M. BOHNE, P.A.<br>2701 N ROCKY POINT DRIVE<br>SUITE 200<br>TAMPA, FL 33607   |  |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL    Zip Code |   |   |
| <b>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.</b>  |  |                                 |  |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)    DATE _____   |  |                                 |  |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |  |                                 |  | <b>Make check payable to<br/>Florida Department of State</b>                      |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>   |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MILLER, RONALD L<br>7519 WINGING WAY DRIVE<br>TAMPA, FL 33615 | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MILLER, JOANNE<br>7519 WINGING WAY DRIVE<br>TAMPA, FL 33615   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b> |  |                                 |  |   |   |
| <b>SIGNATURE:</b> <u>Ronald L. Miller</u> Ronald L. Miller    Jan. 5, 2007    813-886-1374  |  |                                 |  |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #  |  |                                 |  |   |   |