

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104643

FILED
Apr 02, 2009
Secretary of State

Entity Name: OUTDOOR LUBRICATION PRODUCTS, LLC

Current Principal Place of Business:

15250 CITRUS COUNTY DRIVE
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

15250 CITRUS COUNTY DRIVE
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 20-2847273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, STEVE
37421 SKY RIDGE CIR
DADE CITY, FL 33525 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: THOMAS, STEVEN A
Address: 37421 SKY RIDGE CIR
City-St-Zip: DADE CITY, FL 33525

Title: MGRM () Delete
Name: FIELDERS, DALE R
Address: PO BOX 2065
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: MGRM () Delete
Name: THOMAS, TERESA M
Address: 37421 SKY RIDGE CIRCLE
City-St-Zip: DADE CITY, FL 33525

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: STEVEN A THOMAS

MGRM

04/02/2009

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