2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000109610

Entity Name: APPLIED SURFACE SOLUTIONS, LLC

Current Principal Place of Business:

4403 GRAN MEADOWS LANE NORTH
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

4403 GRAN MEADOWS LANE NORTH
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-5876098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRANT,ABRAHAM,REITER,MCCORMICK & GREENE P.
50 NORTH LAURA STREET STE 2750
JACKSONVILL, FL 32202 US

Name and Address of New Registered Agent:

BRANT,ABRAHAM,REITER,MCCORMICK & GREENE P.
50 NORTH LAURA STREET STE 2750
JACKSONVILLE, FL 32202 US

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: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MR. ( ) Delete
Name: RICHARDSON, CECIL A OWNER
Address: 4403 GRAN MEADOWS LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MRS. ( ) Delete
Name: RICHARDSON, JAMIE L OWNER
Address: 4403 GRAN MEADOWS LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32258 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 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: JAMIE L. RICHARDSON OWNE 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date