2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000119818

1. Entity Name
INDUSTRIAL SPRAY LINERS II, LLC

Principal Place of Business	Mailing Address
5351 NW 44TH AVENUE, SUITE 103 MARK III COMPLEX OCALA, FL 34482	5351 NW 44TH AVENUE, SUITE 103 MARK III COMPLEX OCALA, FL 34482

DO NOT WRITE IN THIS SPACE

03072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-8246661

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMAY, DOUGLAS L
5351 NW 44TH AVENUE, SUITE 103
MARK III COMPLEX
OCALA, FL 34482

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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 $138.75
After May 1, 2008 Fee will be $538.75

U00000858284
04/01/08-80033-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LAMAY, DOUGLAS L
STREET ADDRESS	5888 NW 80TH AVE RD
CITY-ST-ZIP	OCALA, FL 34482
TITLE	MGR
NAME	MAZZANOBLE, JOHN J
STREET ADDRESS	5898 NW 80TH AVE RD
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Douglas L. LaMay March 19, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #