


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

04-25-2008 90026 039 ***138.75

DOCUMENT # L07000016091	
1. Entity Name P4 INDUSTRIES LLC	

Principal Place of Business 4770 KEY MADIERA DRIVE TITUSVILLE, FL 32780 US	Mailing Address 4770 KEY MADIERA DRIVE TITUSVILLE, FL 32780 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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01282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8449876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent THE LAW OFFICES OF NICK SPRADLIN, PLLC 4001 WEST HENRY AVENUE SUITE 306 TAMPA, FL 33614	
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7. Name and Address of New Registered Agent THE LAW OFFICES OF NICK SPRADLIN, PLLC Street Address (P.O. Box Number is Not Acceptable) 12000 NORTH DALE MARRY HWY SUITE 110 City TAMPA FL Zip Code 33618	
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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 <i>Nick Spradlin</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE 1/28/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKS, AURELIA CEO/S/T 4770 KEY MADIERA DRIVE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <small>Daytime Phone #</small>