


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000034080		
1. Entity Name VALLEY INDUSTRIAL PRODUCTS OF FLORIDA LLC		

Principal Place of Business 101 N.W. 42ND WAY DEERFIELD BEACH, FL 33442	Mailing Address 101 N.W. 42ND WAY DEERFIELD BEACH, FL 33442
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
WIDRY, CHARLES 101 N.W. 42ND WAY DEERFIELD BEACH, FL 33442	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
--	--	------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	WIDRY, CHARLES	NAME	
STREET ADDRESS	101 N.W. 42ND WAY	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	EDGCUMBE, SANDRA E	NAME	
STREET ADDRESS	101 N.W. 42ND WAY	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
---	---

FILED

08 SEP 24 AM 8:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09152008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	
WIDRY, CHARLES 101 N.W. 42ND WAY DEERFIELD BEACH, FL 33442	

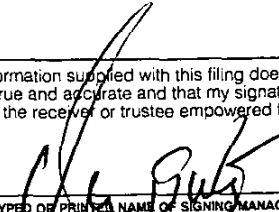
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
--	--	------------

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
--	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	WIDRY, CHARLES	NAME	
STREET ADDRESS	101 N.W. 42ND WAY	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	EDGCUMBE, SANDRA E	NAME	
STREET ADDRESS	101 N.W. 42ND WAY	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
---	---