

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039197

FILED
Jul 15, 2008
Secretary of State

Entity Name: PILE BOSS, LLC

Current Principal Place of Business:

481 THORPE ROAD
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

481 THORPE ROAD
ORLANDO, FL 32824 US

New Mailing Address:

6770 EAST 56TH AVENUE
COMMERCE CITY, CO 80022 US

FEI Number: 20-8897218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPENCER, PAT
481 THORPE ROAD
ORLANDO, FL 32824 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: SPENCER, DENNIS
Address: 481 THORPE ROAD
City-St-Zip: ORLANDO, FL 32824 US

Title: MGRM () Delete
Name: SPENCER, PAT
Address: 481 THORPE ROAD
City-St-Zip: ORLANDO, FL 32824 US

Title: MGRM () Delete
Name: SPENCER, SCOTT
Address: 481 THORPE ROAD
City-St-Zip: ORLANDO, FL 32824 US

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: PAT SPENCER

MGR

07/15/2008

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