

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042153

FILED
Mar 20, 2008
Secretary of State

Entity Name: BIG FOAM INSULATORS OF FLORIDA, LLC

Current Principal Place of Business:

2820 S.E. 4TH ST.
OCALA, FL 34471

New Principal Place of Business:

2822 S.E. 8TH ST.
OCALA, FL 34471

Current Mailing Address:

2820 S.E. 4TH ST.
OCALA, FL 34471

New Mailing Address:

2822 S.E. 8TH ST.
OCALA, FL 34471

FEI Number: 20-8881570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, TIMOTHY H
2820 S.E. 4TH ST.
OCALA, FL 34471 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: SMITH, TIMOTHY H
Address: 2820 S.E. 4TH ST.
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: SMITH, JERRY D
Address: 2820 S.E. 4TH ST.
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: GREENE, WILLIAM B JR.
Address: 2822 S.E. 8TH ST.
City-St-Zip: OCALA, FL 34471

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: WM. BEDFORD GREENE JR.

MGRM

03/20/2008

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