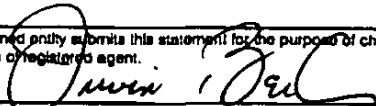
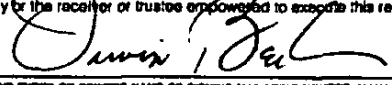


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90057 044 ***138.75

DOCUMENT # L07000085553			
1. Entity Name EMPIRE RADIATOR COVERS, LLC			
Principal Place of Business 1650 NE 26TH ST., SUITE 105 WILTON MANORS, FL 33305-1431 US		Mailing Address 1650 NE 26TH STREET 105 WILTON MANORS, FL 33305 US	
2. Principal Place of Business - No P.O. Box # 1650 NE 26th Street		3. Mailing Address 1650 NE 26th Street	
Suite, Apt. #, etc. 105		Suite, Apt. #, etc. 105	
City & State WILTON MANORS, FL		City & State WILTON MANORS, FL	
Zip 33305	Country USA	Zip 33305	Country USA
4. FEI Number 26-0759444		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BEGGS, WILLIAM F 8278 N. FEDERAL HIGHWAY 475 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name IRWIN BERLINER Street Address (P.O. Box Number is Not Acceptable) 1650 NE 26th STREET SUITE 105 City WILTON MANORS FL Zip Code 33305	
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 		IRWIN BERLINER 4-24-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEGGS, WILLIAM F 8278 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR IRWIN BERLINER 1650 NE 26th Street, SUITE 105 WILTON MANORS, FL 33305 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 806, Florida Statutes.			
SIGNATURE: 		4-24-08 954-561-4299	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	