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	Mailing Address
1650 NE 26TH ST., SUITE 105 WITON MANORS, ~~NY~~ FL 33305-1431 US	1650 NE 26TH STREET 105 WILTON MANORS, FL 33305 US

01142008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1650 NE 26th Street	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
6278 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: [signature] IRWIN BERLINER 4-24-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 6278 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR IRWN 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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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] 4-24-08 954-561-4299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #