

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013233

FILED
Apr 27, 2009
Secretary of State

Entity Name: ALLIED MOLDED PRODUCTS, LLC

Current Principal Place of Business:

1238 SOUTH ORANGE AVENUE
SARASOTA, FL 34239

New Principal Place of Business:

1145 13TH AVE E
PALMETTO, FL 34221

Current Mailing Address:

1238 SOUTH ORANGE AVENUE
SARASOTA, FL 34239

New Mailing Address:

P O BOX 186
PALMETTO, FL 34220

FEI Number: 80-0145831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, LAWRENCE J
1238 SOUTH ORANGE AVENUE
SARASOTA, FL 34239 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: MGR () Delete
Name: FOX, LAWRENCE J
Address: 1238 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34239

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: EDMONSON, JAMES H
Address: 215 ST. JAMES PARK
City-St-Zip: OSPREY, FL 34229

Title: COO () Change (X) Addition
Name: HARVEY, WILLIAM L COO
Address: 6830 74TH ST CIRCLE E
City-St-Zip: BRADENTON, FL 34203

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: WILLIAM L. HARVEY

COO

04/27/2009

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