

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013636

FILED
Feb 05, 2009
Secretary of State

Entity Name: PRISM INSULATION CONCEPTS, L.L.C.

Current Principal Place of Business:

1870 HARDEMAN AVENUE
MACON, GA 31201

New Principal Place of Business:

Current Mailing Address:

1870 HARDEMAN AVENUE
MACON, GA 31201

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, STACY
10605 PINELOG ROAD
EBRO, FL 32437 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: SON, KENNETH
Address: 1870 HARDEMAN AVENUE
City-St-Zip: MACON, GA 31201

Title: MGRM () Delete
Name: FORD, STACY
Address: 10605 PINELOG ROAD
City-St-Zip: EBRO, FL 32437

Title: MGRM () Delete
Name: MUSTO, WILLIAM
Address: 21232 BULLRUSH PLACE
City-St-Zip: STERLING, VA 20164

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: KENNETH SON

MEMB

02/05/2009

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