

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082787

FILED
Apr 30, 2009
Secretary of State

Entity Name: ENERGY WISE INSULATION LLC

Current Principal Place of Business:

5112 PALM DRIVE
FORT PIERCE, FL 34982 US

New Principal Place of Business:

2366 SE TRAIL AVENUE
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

5112 PALM DRIVE
FORT PIERCE, FL 34982 US

New Mailing Address:

2366 SE TRAIL AVENUE
PORT SAINT LUCIE, FL 34952 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDERSON, MARY
5112 PALM DRIVE
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

PEDERSON, MARY
2366 SE TRAIL AVENUE
PORT SAINT LUCIE, FL 34952 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEDERSON, MARY
Address: 5112 PALM DRIVE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: MGR () Delete
Name: HILL, DAVID
Address: 2128 ACORN PALM ROAD
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEDERSON, MARY
Address: 2366 SE TRAIL AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: MARY PEDERSON

MS

04/30/2009

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