

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108719

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** MOLD REMEDIATION AND PREVENTION SERVICES LLC

**Current Principal Place of Business:**

23257 STATE ROAD 7, STE. 209  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

23257 STATE ROAD 7, STE. 209  
BOCA RATON, FL 33428

**New Mailing Address:**

**FEI Number:** 26-3300333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHERBAL, DAVID  
23257 STATE ROAD 7, STE. 209  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

ROMAIN, KEN  
23257 STATE ROAD 7, STE. 209  
BOCA RATON, FL 33428 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: KEN ROMAIN

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROMAIN, KEN  
Address: 23257 STATE ROAD 7, STE. 209  
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM (X) Delete  
Name: SHERBAL, DAVID  
Address: 23257 STATE ROAD 7, STE. 209  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES:**

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: KEN ROMAIN

MGRM

04/07/2009

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