

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041471

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** GLOBAL WRAP INTERIOR PROTECTION LLC

**Current Principal Place of Business:**

218B RIBERIA STREET  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

218 B RIBERIA STREET  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

218B RIBERIA STREET  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

218 B RIBERIA STREET  
ST AUGUSTINE, FL 32084

**FEI Number:** 90-0641207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SERAPHIN, JUDITH  
218B RIBERIA STREET  
ST AUGUSTINE, FL 32084 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:** CEO  
**Name:** SERAPHIN, JUDITH  
**Address:** 218B RIBERIA STREET  
**City-St-Zip:** ST AUGUSTINE, FL 32084

**Title:** CEO  
**Name:** SERAPHIN, JUDITH  
**Address:** 218B RIBERIA STREET  
**City-St-Zip:** ST AUGUSTINE, FL 32084

**Title:** PRES  
**Name:** SERAPHIN, ANTHONY  
**Address:** 218B RIBERIA STREET  
**City-St-Zip:** ST AUGUSTINE, FL 32084

**Title:** PRES  
**Name:** SERAPHIN, ANTHONY  
**Address:** 218B RIBERIA STREET  
**City-St-Zip:** ST AUGUSTINE, FL 32084

I hereby 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:** JUDITH SERAPHIN

CEO

03/15/2011

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