

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000047322

Entity Name: ECOTYPE INDUSTRIES, LLC

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

18203 KEYSTONE GROVE BOULEVARD  
ODESSA, FL 33556 US

**New Principal Place of Business:**

6202 BENJAMIN ROAD  
STE 113  
TAMPA, FL 33634 US

**Current Mailing Address:**

18203 KEYSTONE GROVE BOULEVARD  
ODESSA, FL 33556 US

**New Mailing Address:**

PO BOX 261359  
TAMPA, FL 33685 US

FEI Number: 27-4350678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAYER, CLYDE C IV  
18203 KEYSTONE GROVE BOULEVARD  
ODESSA, FL 33556 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  
Name: SHAYER, CLYDE C IV  
Address: 18203 KEYSTONE GROVE BOULEVARD  
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM  
Name: SHAYER, DAVID T  
Address: 20617 BROADWATER DRIVE  
City-St-Zip: LAND O' LAKES, FL 34638 US

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: CLYDE C SHAYER IV

MGR

01/17/2011

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