


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004045 1. Entity Name CALOREX USA, LLC	
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Principal Place of Business 2213 ANDREA LANE SUITE 110 FORT MYERS, FL 33912 US	Mailing Address 2213 ANDREA LANE SUITE 110 FORT MYERS, FL 33912 US
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DO NOT WRITE IN THIS SPACE



03232006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0943885 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, MR. R. REED
2213 ANDREA LANE
#110
FORT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, MR. R. REED 2213 ANDREA LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AQUATHERM INDUSTRIES, INC. 1940 RUTGERS UNIVERSITY BLVD LAKEWOOD, NJ 08701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/11/06 00081-025 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: W. Reed Wilson 3/24/06 237482-0606