

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004893

FILED
Jan 22, 2009
Secretary of State

Entity Name: SEWELL PRODUCTS OF FLORIDA, LLC

Current Principal Place of Business:

909 MAGNOLIA AVE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

909 MAGNOLIA AVE
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 54-1795317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: RICHARDSON, PAUL P
Address: 2921 CORDER ST
City-St-Zip: HOUSTON, TX 77054

Title: MGR () Delete
Name: CHURBOCK, SCOTT
Address: 2921 CORDER ST
City-St-Zip: HOUSTON, TX 77054

Title: MGR () Delete
Name: SMALLBONE, RANDALL S
Address: 101 MACINTOSH BLVD
City-St-Zip: CONCORD, ON L4K 4R5

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NODLAND, JEFFREY M
Address: 101 MACINTOSH BLVD
City-St-Zip: CONCORD, ON L4K 4R5

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KATSIRIS, STRATIS
Address: 101 MACINTOSH BLVD
City-St-Zip: CONCORD, ON L4K 4R5

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: JAMES SMITH, III

MGR

01/22/2009

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