

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001393

Entity Name: LRM INDUSTRIES, LLC

FILED
Jun 24, 2008
Secretary of State

Current Principal Place of Business:

135 GUS HIPP BLVD
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

135 GUS HIPP BLVD
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-2267069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRIS, SALLY A
135 GUS HIPP BLVD
ROCKLEDGE, FL 32955 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: ENVIROKARE COMPOSITE, CORPORATION
Address: 5850 T.G. LEE BLVD, STE 535
City-St-Zip: ORLANDO, FL 32822

Title: MGR () Delete
Name: NOVA CHEMICALS, INC.,
Address: 1550 CORAOPOLIS HEIGHTS RD
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: MGR () Delete
Name: MORRIS, SALLY A
Address: 135 GUS HIPP BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: CEO () Delete
Name: VERBICKY, JOHN
Address: 135 GUS HIPP BLVD
City-St-Zip: ROCKLEDGE, FL 32955 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ENVIROKARE COMPOSITE, CORPORATION
Address: 641 LEXINGTON AVE SUITE 1427
City-St-Zip: NEW YORK, NY 10022

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

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: SALLY MORRIS

MGR

06/24/2008

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