

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006297

FILED  
Jul 11, 2008  
Secretary of State

**Entity Name:** INDUSTRIAL BUSINESS GROUP, LLC

**Current Principal Place of Business:**

19 WILLOW STREET  
CHESHIRE, CT 06410

**New Principal Place of Business:**

**Current Mailing Address:**

19 WILLOW STREET  
CHESHIRE, CT 06410

**New Mailing Address:**

FEI Number: 35-2215125      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:**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 US

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: URQUHART, BRUCE  
Address: 19 WILLOW STREET  
City-St-Zip: CHESHIRE, CT 06410

Title: MGR ( ) Delete  
Name: LORENZEN, TOD J  
Address: 19 WILLOW STREET  
City-St-Zip: CHESHIRE, CT 06410

**ADDITIONS/CHANGES:**

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: BRUCE URQUHART

MGR

07/11/2008

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