

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001924

FILED
Mar 27, 2009
Secretary of State

Entity Name: VOLCANO GROUP OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

557 NORTH WYMORE ROAD, STE. 100
MAITLAND, FL 32751

New Principal Place of Business:

557 NORTH WYMORE ROAD
STE. 100
MAITLAND, FL 32751

Current Mailing Address:

557 NORTH WYMORE ROAD, STE. 100
MAITLAND, FL 32751

New Mailing Address:

557 NORTH WYMORE ROAD
STE. 100
MAITLAND, FL 32751

FEI Number: 20-8765165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M ESQ.
557 NORTH WYMORE ROAD, STE. 100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

KOLTUN, JEFFREY M ESQ.
557 NORTH WYMORE ROAD
STE. 100
MAITLAND, FL 32751 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:

03/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VOLCANO PARTNERS, LL, C
Address: 557 NORTH WYMORE ROAD, STE. 100
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: CEMENT LOCK GROUP, L, LC
Address: 1700 SOUTH MOUNT PROSPECT ROAD
City-St-Zip: DES PLAINES, IL 60018

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: JEFFREY M. KOLTUN

MGRM

03/27/2009

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