File on o	or before May 1, 1999 to a \$ 400.00 LATE FI	or Limited	d Liability	Com	pany will be	RE		D FEB 1	
LIMITED LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State						SECRETAL SEC			
1999 DIVISION OF CORPORATIONS						93 MAY - 3 - 7M 8: 30			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									mtr
1 Name and Mailling Address of Limited Liability Company DOCUMENT # M9600000138						5/6			
SFP INDUSTRIES OF FLORIDA, L.C.						1s. Principal Place of Business Address			
27 MILL LANE SALEM VA 24153						27 MILL LANE SALEM VA 24153			
2. Principa	al Place of Business	iling Address			3. Date Organized or Qualified 3a. State of Formation				
Suite, Apt. #, etc. S			Suite, Apt. #, etc.			04/25/1	996	VA	
Suite, Apt.	#, U IC.	Soile, At	Surie, Apr. #, etc.			4. FEI Number	Applied For		
City & State	8	City & St	City & State			54-1796	Not Applicable		
Zip	Country	Zip		Country	y	5. Date of Last Re	eport	<u> </u>	of Status Desired
				<u></u>		04/06/1			ral Fee Required
	7. Name and Address of Curr	Name and Address	of New Regis	stered Agent/C	Office				
ATTAW ONE I LAKEI		Street Address (P		P.O. Box Number is Not Acceptable)					
				}	City		FL.	Zıp Code	
its registere	nt to the provisions of Sections 608.4 ad office or registered agent, or both, in ed agent, and accept the obligations						bmits this state		
SIGNATUR	RE	too Congoly and di	NOTE Spectures to	unit e ment en	55/4 in ad a box report at all	D	ATE		
10, Title Managing Members/Managers			NOTE: Registered Agent signature required when reinstating) Business Street Address			<u>'</u>	City, State and Zip Code		
MGRM	SEWELL, STEPHEN H		27 MILL LANE			SALEM VA			
						30			7:53 1162017 ****188.79
]									
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes I further certify that the information indicated on this annual 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.									
SIGNATURE: SIGNATURE: SIGNATURE SIGNATURE OF SIGNING MANAGING MEMBER OF MANAGER DATE PLANS TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER DATE PLANS TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER									

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