File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 JUL - J. PM 2:46 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** M9700000719 1a. Principal Place of Business Address PERMASEP SOLUTIONS LLC P.O. BOX 6101 GLASGOW BUILDING 200 NEWARK DE 19714 NEWARK DE 19714 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10/29/1997 4. FEI Number Sulte, Apt. #, etc. DE Suite, Apt. #, etc. Applied For 51-0381513 City & State City & State Not Applicable APPLIED FOR 6. Certificate of Status Desired 5. Date of Last Report Zip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CORPORATION SERVICE , COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment SIGNATURE \_ (Bugistered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR SPENCER, WILLIAM R GLASGOW BUILDING 200 NEWARK DE MGR BARTON, DOYLE R JR. GLASGOW BUILDING 200 NEWARK DE

> 000002584**5**30--07/09/98--01066--001

\*\*\*\*188.75 \*\*\*\*188.75

11. Idd 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: Doyle R. Barton, JR.

SIGNATURE AND TYPE D OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER



June 4, 1998

PERMASEP SOLUTIONS LLC C/O D.R. BARTON, JR. 21 WOODSHAW ROAD NEWARK, DE 19711

**SUBJECT: PERMASEP SOLUTIONS LLC** 

Ref. Number: M97000000719

We have received your document for PERMASEP SOLUTIONS LLC and your check(s) totaling \$188.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report or reinstatement application or attach a photocopy of the FEI number application to the document before we can complete your filing.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6051.

Tammi Cline
Document Specialist
Division of Corporations

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

FEI ENCLOSED

ON OPIGINAL

ANNUAL REPORT.

ANNUAL REPORT.



May 5, 1998

PERMASEP SOLUTIONS LLC P.O. BOX 6101 NEWARK, DE 19714

**SUBJECT: PERMASEP SOLUTIONS LLC** 

Ref. Number: M97000000719

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Tammi Cline **Document Specialist Division of Corporations**