

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90062 014 ****50.00

DOCUMENT # M99000001523

1. Entity Name
ARMACELL, LLC



Principal Place of Business
7600 OAKWOOD ST. EXT.
MEBANE, NC 27302

Mailing Address
7600 OAKWOOD ST. EXT.
MEBANE, NC 27302

DO NOT WRITE IN THIS SPACE



08192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
51-0392836

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WIEMER, ULRICH
38 MARKET SQUARE
UXBRIDGE UB81NG,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARS, JAMES F JR
7600 OAKWOOD ST. EXT.
MEBANE, NC 27302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOLGER, JOHANN
7600 OAKWOOD ST. EXT.
MEBANE, NC 27302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/19/04

919 304 8904