

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**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**



01222006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WIEMER, ULRICH
STREET ADDRESS	38 MARKET SQUARE
CITY- ST- ZIP	UXBRIDGE UB81NG,
TITLE	MGRM
NAME	MARS, JAMES F JR
STREET ADDRESS	7600 OAKWOOD ST. EXT.
CITY- ST- ZIP	MEBANE, NC 27302
TITLE	MGRM
NAME	HOLGER, JOHANN
STREET ADDRESS	7600 OAKWOOD ST. EXT.
CITY- ST- ZIP	MEBANE, NC 27302
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000412483  
02/10/06-80048-018 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/23/06 919 304 8904  
Date Daytime Phone #

**HOLGER JOHANN, MANAGER**