

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000027799

**Entity Name:** ALLIED AEROFOAM PRODUCTS, LLC

**Current Principal Place of Business:**

216 KELSEY LANE  
TAMPA, FL 33619

**Current Mailing Address:**

216 KELSEY LANE  
TAMPA, FL 33619

**FEI Number:** 32-0037940

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RASH, ALAN  
Address 216 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title MGRM  
Name BAKER, HARRY D  
Address 216 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALAN RASH

**CEO**

**01/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date