

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000046825

**Entity Name:** FLORIDA ALUMINUM PRODUCTS, LLC

**Current Principal Place of Business:**

6001 N POWERLINE ROAD, SUITE A  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6001 N POWERLINE ROAD, SUITE A  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 27-2502375

**Certificate of Status Desired:** No

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

PRESSLEY, KATHERINE R  
6001 POWERLINE ROAD SUITE A  
FT LAUDERDALE, FL 33309 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 PRESSLEY, KATHERINE R  
Address 6001 N POWERLINE ROAD  
SUITE A  
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGRM  
Name PRESSLEY, JOSHUA  
Address 6001 N POWERLINE ROAD  
SUITE A  
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGRM  
Name ELISCO, JONA  
Address 6001 N POWERLINE ROAD  
SUITE A  
City-State-Zip: FORT LAUDERDALE FL 33309

Title GENERAL MANAGER  
Name BARBAROSH, APRIL D  
Address 6001 N POWERLINE ROAD  
SUITE A  
City-State-Zip: FORT LAUDERDALE FL 33309

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** APRIL BARBAROSH

**GM**

**02/15/2016**

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

\_\_\_\_\_  
Date