

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 31, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000006676
 1. Entity Name
 LYNMAT STEEL, LLC

Principal Place of Business 4890 NORTH CITATION DR DELRAY BEACH FL 33445	Mailing Address 4890 NORTH CITATION DR DELRAY BEACH FL 33445
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2. Principal Place of Business 4890 NORTH CITATION DR Suite, Apt. #, etc. APT # 204 City & State DELRAY BEACH FL	3. Mailing Address 4890 NORTH CITATION DR Suite, Apt. #, etc. APT # 204 City & State DELRAY BEACH FL		
Zip 33445	Country	Zip 33445	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1017572	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

LIQUORI LYNETTE
 4890 NORTH CITATION DR

 DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name
 LIQUORI LYNETTE

Street Address (P.O. Box Number is Not Acceptable)
 4890 NORTH CITATION DR

APT # 204

City
 DELRAY BEACH **FL** Zip Code
 33445

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.

SIGNATURE _____ DATE **05/31/2001**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIQUORI LYNETTE M 4890 N. CITATION DRIVE DELRAY BEACH FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LYNETTE M. LIQUORI MGR **05/31/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)