FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am[§] Secretary of State DOCUMENT # L01000002551 05-22-2002 90265 032 ****50.00 SUNCOAST METAL RECYCLING, L.L.C. Principal Place of Business Mailing Address 1621 HARBOUR CAY LANE 1621 HARBOUR CAY LANE AALATO LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address 931 NORSOTA 931 NORSOTA WAY $\omega_A \gamma$ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For FL 45-1080625 SARA SOTA SARA SOT A Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FANGMEYER, DANIEL FANGMEYER, DANIEL C Street Address (P.O. Box Number is Not Acceptable) 971 NORSOTA WAY 1621 HARBOUR CAY LANE LONGBOAT KEY FL 34228 SARASOTA 8. The above named entity submits this: stement for the purpose of changing its registered office or registered agent, or both, in the State of Florida DANIEL C FANGMEYE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 🛣 Change TITLE Delete TITLE ☐ Addition FANGMEYER , DANIEL C FRANGMEYER, DANIEL C NAME NAME 931 NOX SOTA STREET ADDRESS STREET ADDRESS 1621 HARBOUR CAY LANE CITY-ST-ZIP SARASOTA, CITY-ST-ZIE FL 34242 **LONGBOAT KEY FL 34228** MGR Delete TITLE Change Ch ☐ Addition FANGMEYER, JANET B NAME FRANGMEYER, JANET B NAME 931 NORSOTA WAY STREET ADDRESS 1621 HARBOUR CAY LANE STREET ADDRESS 34242 CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 TITLE Deletê TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ 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 this stee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #