


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90112 008 ****50.00

DOCUMENT # L01000003987			
1. Entity Name AL'S SHEETMETAL INDUSTRY, L.L.C.			
Principal Place of Business 2420 SMITH STREET SUITE A KISSIMMEE FL 34744		Mailing Address 2420 SMITH STREET SUITE A KISSIMMEE FL 34744	
2. Principal Place of Business 1010 Dyer Blvd Suite, Apt. #, etc.		3. Mailing Address 1010 Dyer Blvd Suite, Apt. #, etc.	
City & State Kissimmee FL		City & State KISSIMMEE FL	
Zip 34741	Country OSCEOLA	Zip 34741	Country OSCEOLA
6. Name and Address of Current Registered Agent ROBIDA, ALBERT J 2420 SMITH ST., STE A KISSIMMEE FL 34744		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1010 Dyer Blvd City KISSIMMEE FL Zip Code 34741	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBIDA, ALBERT J 2420 SMITH STREET STE A KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBIDA, ALBERT J 1010 DYER BLVD KISSIMMEE FL 34741 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

40002743



1st MOORE

CR2E083 (10/04)

4. FEI Number 65-1104920

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required