

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90098 007 ****50.00

DOCUMENT # L01000021151 1. Entity Name AMERICAN DIECAST COMPANY, L.L.C.					
Principal Place of Business 4606 SHIRLEY AVE. JACKSONVILLE, FL 32210				Mailing Address 4606 SHIRLEY AVE. JACKSONVILLE, FL 32210	
2. Principal Place of Business Glade Mill Industrial Park Suite, Apt. #, etc. 105 Industrial Dr. West City & State Valencia Pa Zip 16059 Country USA		3. Mailing Address P.O. Box 427 Suite, Apt. #, etc. City & State Saxenburg Pa Zip 16056 Country USA			
07042004 Chg-LLC CR2E083 (10/03)				4. FEI Number 59-3760230	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COMBS, RODNEY 16173 EDMONT DRIVE FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILL, CYNTHIA E 4606 SHIRLEY AVENUE JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edward E. Ferree P.O. Box 427 Saxenburg Pa 16056	<input type="checkbox"/> Change <input checked="" 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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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
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: 				8-6-04 724-898-3000 Date Daytime Phone #	