

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000011965

1. Entity Name
FENI STAINLESS, LLC



Principal Place of Business
**3656 S HOPKINS AVE
TITUSVILLE FL 32780**

Mailing Address
**3656 S HOPKINS AVE
TITUSVILLE FL 32780**

2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country



1st MOORE CR2E083 (10/04)

4. FEI Number **01-0695275** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ALDANA, MANUEL
3656 S HOPKINS AVE
TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALDANA, LILYAM | |
| STREET ADDRESS | 7958 68TH AVE | |
| CITY-ST-ZIP | MIDDLE VILLAGE NY 11379 | |
| TITLE | MGRP | <input type="checkbox"/> Delete |
| NAME | ALDANA, MANUEL F | |
| STREET ADDRESS | 3110 SANDALWOOD LN | |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | MUNSTER, RICARDO | |
| STREET ADDRESS | 1635 TICONDERO GA COURT | |
| CITY-ST-ZIP | TITUSVILLE FL 32796 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRAYSON, TELMA | |
| STREET ADDRESS | 57 W ORCHARD RD | |
| CITY-ST-ZIP | CHAPPAQUA NY 10514 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

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

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: _____ **3/4/5** **(321) 383-9160**

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