

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000018060**

1. Entity Name  
**ALUMA RACK, L.L.C.**



Principal Place of Business  
**1109 NORTH 21ST AVE  
#6101  
HOLLYWOOD, FL 33020**

Mailing Address  
**2311 MCKINLEY STREET  
HOLLYWOOD, FL 33020**



04012007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1667220**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STRUBLE, SHARON K  
2311 MCKINLEY STREET  
HOLLYWOOD, FL 33020**

**DO NOT WRITE  
IN THIS SPACE**

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

*Sharon K Struble*

*4-25-07*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	STRUBLE, SHARON K
STREET ADDRESS	2311 MCKINLEY STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	MGRM
NAME	LEE, MICHELLE
STREET ADDRESS	2412 N.E. 32ND AVENUE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33305
TITLE	MGRM
NAME	NELSON, MAUREEN L
STREET ADDRESS	2319 COOLIDGE STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000743247  
05/15/07-80103-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Sharon K Struble Sharon K STRUBLE*

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

Date *4-25-07* Signature Phone #