

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 23, 2008 8:00 am
Secretary of State

04-30-2008 90020 024 ****50.00

06-23-2008 90155 018 ****88.75

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**

50007358



DO NOT WRITE IN THIS SPACE

04082008 No Chg-LLC

CR2E083 (12/07)

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 Sharon K Struble 4-14-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4-14-08 954-9227593
Date Daytime Phone #