

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90038 038 ****55.00

DOCUMENT # L03000036117

1. Entity Name
RAPID METALS RECYCLING, L.L.C.



Principal Place of Business
**5691 PLUNKETT ST.
HOLLYWOOD, FL 33023**

Mailing Address
**5691 PLUNKETT ST.
HOLLYWOOD, FL 33023**



07132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0244906

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEIDER, MORRIS
5691 PLUNKETT STREET
HOLLYWOOD, FL 33023**

Name
NORBERTO DIAZ
Street Address (P.O. Box Number is Not Acceptable)
5691 PLUNKETT Street
City
Hollywood FL Zip Code
33023

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

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DIAZ, MAGDIEL
5691 PLUNKETT ST.
HOLLYWOOD, FL 33023** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING DIRECTOR
MAGDIEL DIAZ
5691 PLUNKETT ST.
HOLLYWOOD, FL 33023** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

7-13-06 954-989-9544