

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # L03000040353

1. Entity Name
UNIVERSAL CASTING LLC



Principal Place of Business
456 ALEXANDER PALM ROAD
BOCA RATON, FL 33432

Mailing Address
456 ALEXANDER PALM ROAD
BOCA RATON, FL 33432



02132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0318922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORTLEY, GINGER
456 ALEXANDER PALM ROAD
BOCA RATON, FL 33432

**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 _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

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

000000652730
03/12/07-80030-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WORTLEY, GINGER
STREET ADDRESS	456 ALEXANDER PALM ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	ROJAS, CARLOS
STREET ADDRESS	11955 SW 12TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	MGRM
NAME	BORGES, EVA E
STREET ADDRESS	1210 S 24TH TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MRGM
NAME	GINGER WORTLEY TRUST
STREET ADDRESS	C/O RICHARD CLARK, TTEE, 60 BLUE HERON RD
CITY-ST-ZIP	SPARTA, NJ 07671
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

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

Date

Daytime Phone #

2/27/07 561-798-9901