2004 LIMITED LIABILITY COMPANY

Feb 09, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L03000048357** 02-09-2004 90188 043 ****50.00 ROBERT FRANCIS ALUMINUM REPAIR LLC Principal Place of Business Mailing Address 280 SUGAR SAND TR 280 SUGAR SAND TR' **24000000** NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number 20:0426101 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANCIS-ROBERT-Street Address (P.O. Box Number is Not Acceptable) 280 SUGAR SAND TR NEW SMYRNA BEACH, FL 32168 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM Delete TITLE ☐ Change FRANCIS, ROBERT NAME NAME 280 SUGAR SAND TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ AddItion NAME FRANCIS, DONNA NAME STREET ADDRESS 280 SUGAR SAND TR STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT) F Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE

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. 386,

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NNG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytima Phone 4

423370

FILED