

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90102 021 ****55.00

DOCUMENT # L03000049227

1. Entity Name

GENESIS ALUMINUM, LLC



Principal Place of Business

3039 N. CR 431 NORTH
LAKE PANASOFFKEE FL 33538

Mailing Address

P.O. BOX 1346
LAKE PANASOFFKEE FL 33538

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1346

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE PANASOFFKEE, FL

Zip

Country

Zip
33538

Country

SUMTER

4. FEI Number

20-0441660

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

ROTH, CARL W
3039 N. CR 431 NORTH
LAKE PANASOFFKEE FL 33538

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME ROTH, CARL W
STREET ADDRESS P.O. BOX 1346
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE MGR ☐ Delete
NAME BEHLING, JOHN T
STREET ADDRESS 11055 SE 55TH AVE.
CITY-ST-ZIP BELLEVIEW FL 34420

TITLE MGR ☒ Delete
NAME HANSHAW, JEFFREY L SR.
STREET ADDRESS 12691 SE 36TH AVE.
CITY-ST-ZIP BELLEVIEW FL 34420

TITLE MGR ☐ Delete
NAME ROTH, MARYANNE
STREET ADDRESS P.O. BOX 1346
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE MGR ☐ Change ☒ Addition
NAME CHARLES JASON SUTTON
STREET ADDRESS 26 CANAL WAY
CITY-ST-ZIP LAKE PANASOFFKEE, FL 33538

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

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

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

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.

SIGNATURE *Carl W ROTH*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-16-05 352-568-1570

Date

Daytime Phone #