

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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**



01132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SUTTON, CHARLES J
26 CANAL WAY
LAKE PANASOFFKEE, FL 33538**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000590957
01/19/07-80003-011 55.00

**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: _____

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

Date

Daytime Phone #