

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90447 024 ****50.00

DOCUMENT # L03000057043

1. Entity Name
DAVES ALUMINUM LLC



Principal Place of Business
**5801 GALL BLVD.
ZEPHYRHILLS, FL 33542**

Mailing Address
**5801 GALL BLVD.
ZEPHYRHILLS, FL 33542**

2. Principal Place of Business
5801 Gall Blvd.
Suite, Apt. #, etc.

3. Mailing Address
5801 Gall Blvd.
Suite, Apt. #, etc.



03102004 Chg-LLC CR2E083 (10/03)

City & State
Zephyrhills, FL
Zip
33541
Country
Pasco

City & State
Zephyrhills, FL
Zip
33542
Country
Pasco

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BREWER, DAVID EARL
3836 COURT ST
ZEPHYRHILLS, FL 33541**

7. Name and Address of New Registered Agent

Name
David Earl Brewer
Street Address (P.O. Box Number is Not Acceptable)
Same
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)

May 11, 2004

DATE

**Filing Fee is \$50.00
Due by May 15, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BREWER, DAVID EARL
3836 COURT ST.
ZEPHYRHILLS, FL 33541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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 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:

David E. Brewer

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

May 11, 2004

Date

Daytime Phone #