

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000002824

1. Entity Name

FREE JIM ALUMINUM L.L.C.



FILED
Feb 01, 2007 08:00 AM
Secretary of State



1st MOORE

CR2E083 (10/06)

Principal Place of Business

18108 DOLAN LANE
ORLANDO FL 32820

Mailing Address

18108 DOLAN LANE
ORLANDO FL 32820

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-2140262

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FREE, JIM
18108 DOLAN LANE
ORLANDO FL 32820

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FREE, JIM
STREET ADDRESS 18108 DOLAN LANE
CITY ST ZIP ORLANDO FL 32820

☐ Change ☐ Addition
U00000616235
02/07/07-80020-015 50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE ☐ Delete
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CITY ST ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jim F. Free

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

Date

Daytime Phone #