## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 06, 2006 08:00 AM **DOCUMENT # L04000004195** Secretary of State 1. Entity Name SUN STATE ALUMINUM LLC Principal Place of Business Mailing Address ALT, 27 & MARION CO. RD. PO BOX 393 LADY LAKE FL 32158 LADY LAKE FL 32158-0393 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 56-2426122 Not Applicat Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, DENNIS R Street Address (P.O. Box Number is Not Acceptable) ALT. 27 & MARION CO. RD. LADY LAKE FL 32158 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change ☐ Addisi TITLE TITLE ☐ Delete MGR WILLIAMS, MILOUS JOEL NAME NAME Unnogo423<u>36</u>5 STREET ADDRESS ALT 27 + MARION CO RD STREET ADDRESS -007 50.00 n2/18/06-80005 LADY LAKE FL 32158 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addid Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ Change ☐ Addi€c Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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.

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information