

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90010 037 ****50.00

DOCUMENT # L04000004826

1. Entity Name

SOUTH EAST ALUMINUM LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FT. PIERCE, FLA

Suite, Apt. #, etc.

HOME

City & State

FT. PIERCE, FLA

Zip

34982

Country

ST. LOUIS

3. Mailing Address

4811 SEAGRONE DR.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FLA

Zip

34982

Country

ST. LOUIS

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0628262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS G. TALBERT

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

4811 SEAGRONE DR.

City

FT. PIERCE

FL

Zip Code

34982

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

Thomas G. Talbert

Signature, typed or printed name of registered agent and title if applicable.

4-4-05

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Thomas G. Talbert

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

Date

Daytime Phone #

CR2E083B (12/02)