

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90078 047 ****50.00

DOCUMENT # L04000007222

1. Entity Name

B SWEET ALUMINUM AND SCREENING LLC



Principal Place of Business

1733 NE 7TH AVENUE
CAPE CORAL FL 33909

Mailing Address

1733 NE 7TH AVENUE
CAPE CORAL FL 33909

2. Principal Place of Business

1733 NE 7TH AV
Suite, Apt. #, etc.
CAPE CORAL FL

3. Mailing Address

1733 NE 7TH AV
Suite, Apt. #, etc.

City & State

Zip
33909

Country
USA

City & State

Zip
33909

Country
USA

4. FEI Number

360-625140

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWEET, BRIAN R
1733 NE 7TH AVENUE
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name BRIAN R SWEET
Street Address (P.O. Box Number is Not Acceptable)
1733 NE 7TH AV
City CAPE CORAL FL Zip Code 33909

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

Brian R Sweet

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/05

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME SWEET, BRIAN R
STREET ADDRESS 1733 NE 7TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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CITY-ST-ZIP

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

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:

Brian R Sweet

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

Date

Daytime Phone #