


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90079 034 ***138.75


DOCUMENT # L04000007222
1. Entity Name
B SWEET ALUMINUM AND SCREENING LLC



Principal Place of Business Mailing Address
1733 NE 7TH AVENUE 1733 NE 7TH AVENUE
CAPE CORAL FL 33909 CAPE CORAL FL 33909

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1733 NE 7TH AV *1733 NE 7TH AV*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CAPE CORAL FL *CAPE CORAL FL*
Zip Country Zip Country
33909 *FL* *33909* *FL*



1st MOORE CR2E083 (10/07)

4. FEI Number **NO-T APPLICABLE** 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
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 *Brian R Sweet 2/16/08* (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SWEET, BRIAN R	
STREET ADDRESS	1733 NE 7TH AVENUE	
CITY - ST - ZIP	CAPE CORAL FL 33909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Brian R Sweet* *2/16/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date