

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012061

Entity Name: RL ALUMINUM LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

2710 SE 179TH AVE  
SILVER SPRINGS, FL 34488

**New Principal Place of Business:**

**Current Mailing Address:**

2710 SE 179TH AVE  
SILVER SPRINGS, FL 34488

**New Mailing Address:**

FEI Number: 80-0094029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEARD, R.L.  
2710 SE 179TH AVE  
SILVER SPRINGS, FL 34488 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BEARD, R.L.  
Address: 2710 SE 179TH AVE  
City-St-Zip: SILVER SPRINGS, FL 34488

Title: MGRM ( ) Delete  
Name: BEARD, CAROLYN  
Address: 2710 SE 179TH AVE  
City-St-Zip: SILVER SPRINGS, FL 34488

Title: MGRM ( ) Delete  
Name: FLETCHER, JIMMY  
Address: 308 6TH WAY  
City-St-Zip: INTERLACHEN, FL 32148

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROLYN BEARD

MGRM

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date