


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90039 046 ***150.00

DOCUMENT # L04000013451 1. Entity Name AL'S GENERAL MACHINE SHOP, LLC					
Principal Place of Business 549 W 28 ST HIALEAH, FL 33010 US			Mailing Address 549 W 28 ST HIALEAH, FL 33010 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6350 W 22 CT # 201			
City & State 		City & State HIALEAH FLORIDA		4. FEI Number 90-0146838	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33016		Country U.S.A.		01042008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent RUIZ, ALBERTO 12949 OKEECHOBEE ROAD UNIT #3 HIALEAH GARDENS, FL 33018				7. Name and Address of New Registered Agent Name ALBERTO RUIZ Street Address (P.O. Box Number is Not Acceptable) 6350 W 22 CT # 201 HIALEAH FLORIDA City FL Zip Code 33016	
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 <u><i>Alberto Ruiz</i></u> ALBERTO RUIZ <u>01/06/2008</u> <small>Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when reconstituting)</small>					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUIZ, ALBERTO 6350 W 22 CT, APT. 201 HIALEAH, FL 33016	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Alberto Ruiz</i></u> ALBERTO RUIZ <u>01/06/2008</u> <u>305 456 1418</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					