

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000014207

1. Entity Name
BUCK'S ALUMINUM, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 30 AM 8:53

Principal Place of Business
4390 SE 23RD CT.
OKEECHOBEE, FL 34974

Mailing Address
4390 SE 23RD CT.
OKEECHOBEE, FL 34974

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09272005 REIN-LLC CR2E101 (8/04)

4. FEI Number

51-0521083

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACKMAN, ELBERT C
4390 SE 23RD CT.
OKEECHOBEE, FL 34974

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

Elbert C. Blackman

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

(NOTE: Registered Agent signature required when reinstating)

28 Sept 05
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BLACKMAN, ELBERT C
4390 SE 23RD CT.
OKEECHOBEE, FL 34974 ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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REINSTATEMENT 2005

100060603871
10/14/05--01006--006 **155.00

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:

Elbert C. Blackman

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

28 Sept 05 863-462 1505
Date Daytime Phone #