


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000014377</b> 1. Entity Name <b>HUNTS ALUMINUM LLC</b>	
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Principal Place of Business <b>356 NW TURNER AVE. LAKE CITY, FL 32055</b>	Mailing Address <b>356 NW TURNER AVE. LAKE CITY, FL 32055</b>
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03262006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0796858**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HUNT, TODD L  
356 NW TURNER AVE.  
LAKE CITY, FL 32055**

**DO NOT WRITE  
IN THIS SPACE**

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

*Todd L Hunt*  
Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

*3/31/06*

**Filing Fee is \$50.00  
Due by May 1, 2008**

**UN00001493134  
04/19/06-80033-001 50.00**

**B. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HUNT, TODD L 356 NW TURNER AVE. LAKE CITY, FL 32055</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 603, Florida Statutes.

SIGNATURE:

*Todd L Hunt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

*3/31/06*