


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90080 016 ****50.00

DOCUMENT # L04000032073	
1. Entity Name SARASOTA SHEET METAL, LLC	

Principal Place of Business 4545 MARIOTTI COURT UNIT E SARASOTA, FL 34233	Mailing Address 4545 MARIOTTI COURT UNIT E SARASOTA, FL 34233
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2. Principal Place of Business - No P.O. Box # 7182 21st St. E.	3. Mailing Address 7182 21st St. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota, FL	City & State Sarasota, FL
Zip 34243	Zip 34243
Country USA	Country USA



03012007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent ROBINSON, KIM 4545 MARIOTTI COURT UNIT E SARASOTA, FL 34233	
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4. FEI Number 20-1050985	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name Robinson, Kim Street Address (P.O. Box Number is Not Acceptable) 7182 21st St. E. City Sarasota FL Zip Code 34243	
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 Kim Robinson DATE 3-2-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SPERANZA, NOEL 4545 MARIOTTI COURT - UNIT N SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Speranza, Noel 7182 21st St. E Sarasota, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] DATE 3-2-07 DAYTIME PHONE # (941) 924-7200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	