

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90055 022 \*\*\*\*55.00

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<b>DOCUMENT # L04000044595</b> 1. Entity Name <b>SUN SKY METAL, LLC</b>					
Principal Place of Business <b>3885 41ST ST</b> <b>VERO BEACH, FL 32967 US</b>			Mailing Address <b>3885 41ST ST</b> <b>VERO BEACH, FL 32967 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>GARAVAGLIA, MICHAEL J ESQ.</b> <b>756 BEACHLAND BOULEVARD</b> <b>VERO BEACH, FL 32963</b>			7. Name and Address of New Registered Agent Name <b>Patrice Suncic</b> Street Address (P.O. Box Number is Not Acceptable) <b>3885 41st Street</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32967</b>		
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>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Patrice Suncic</b> <b>3885 41st Street</b> <b>Vero Beach, FL 32967</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President</b> <b>William Lasky, Jr.</b> <b>3885 41st Street</b> <b>Vero Beach, FL 32967</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <b>Patrice Suncic</b> <b>3885 41st Street</b> <b>Vero Beach, FL 32967</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>Isiane Suncic</b> <b>3885 41st Street</b> <b>Vero Beach, FL 32967</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>(72)567-7663</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					