

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044595

Entity Name: SUN SKY METAL, LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

3885 41ST ST
VERO BEACH, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

3885 41ST ST
VERO BEACH, FL 32967 US

New Mailing Address:

FEI Number: 20-1253210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNCIC, PATRICE
3885 41ST STREET
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PT () Delete
Name: PATRICE, SUNCIC
Address: 3885 41ST STREET
City-St-Zip: VERO BEACH, FL 32967

Title: VP () Delete
Name: LASKY, JR, WILLIAM
Address: 3885 41ST STREET
City-St-Zip: VERO BEACH, FL 32967

Title: T () Delete
Name: SUNCIC, JOSIANE
Address: 3885 41ST STREET
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: PATRICE, SUNCIC
Address: 3885 41ST STREET
City-St-Zip: VERO BEACH, FL 32967

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SUNCIC, JOSIANE
Address: 3885 41ST STREET
City-St-Zip: VERO BEACH, FL 32967

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICE SUNCIC

P

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date