

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000050508

1. Entity Name
T. C. ALUMINUM, LLC



Principal Place of Business
**5224 52ND AVENUE NO.
ST. PETERSBURG, FL 33709**

Mailing Address
**5224 52ND AVENUE NO.
ST. PETERSBURG, FL 33709**



04172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0544898

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COY, THOMAS
5224 52ND AVENUE NO.
ST. PETERSBURG, FL 33709**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COY, THOMAS
5224 52ND AVENUE NO.
ST. PETERSBURG, FL 33709**

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000000728555
05/08/07-80002-003 55.00

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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 608, Florida Statutes.

SIGNATURE:

Thomas Coy

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

04-17-07

727-525-0758

Date

Daytime Phone #