


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 10, 2005 8:00 am
Secretary of State

05-12-2005 90029 025 ****50.00

DOCUMENT # L04000061965			
1. Entity Name WAYNE BARRYHILL STEEL SERVICE, LLC			
Principal Place of Business 3202 CR 431 S LAKE PANASOFFKEE FL 33538		Mailing Address 3202 CR 431 S LAKE PANASOFFKEE FL 33538	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country <i>Sumter</i>	Zip	Country <i>Sumter</i>
6. Name and Address of Current Registered Agent BARRYHILL, WAYNE 3202 CR 431 S LAKE PANASOFFKEE FL 33538		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
4. FEI Number <i>37-1494646</i>			
<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRYHILL, WAYNE 3202 CR 431 S LAKE PNASOFFKEE FL 33538 <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 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.			
SIGNATURE: <i>Wayne Barryhill</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>			
<small>Daytime Phone #</small>			



1st MOORE CR2E083 (10/04)