

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082640

Entity Name: U.S. METALWORKS, LLC

FILED
May 02, 2008
Secretary of State

Current Principal Place of Business:

716 A 17TH ST. E.
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

716 A 17TH ST. E.
PALMETTO, FL 34221

New Mailing Address:

1212 GARY AVE
ELLENTON, FL 34222

FEI Number: 20-1894308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, PAUL
716 A 17TH ST. E.
PALMETTO, FL 33221 US

Name and Address of New Registered Agent:

FELDMAN, MARC H
3908 26TH ST WEST
BRADENTON, FL 34205 US

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: MARC FELDMAN

05/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VAN DER KOLK, THIJS J
Address: 924 5TH ST W
City-St-Zip: PALMETTO, FL 34221

Title: MGR (X) Delete
Name: STEIN, HENRY
Address: 716 A 17TH ST. E.
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOPEZ, PAUL
Address: 3758 PRADO DR
City-St-Zip: SARASOTA, FL 34235

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

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: PAUL LOPEZ

MGRM

05/02/2008

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