

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021879

FILED
Apr 20, 2007
Secretary of State

Entity Name: INTERNATIONAL MELTING & MANUFACTURING, LLC

Current Principal Place of Business:

525 S.W. CAMDEN AVENUE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

525 S.W. CAMDEN AVENUE
STUART, FL 34994

New Mailing Address:

FEI Number: 56-2505942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODIE, LAWRENCE P
525 S.W. CAMDEN AVENUE
STUART, FL 34994 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: MGR () Delete
Name: IM&M, INC.,
Address: 525 S.W. CAMDEN AVENUE
City-St-Zip: STUART, FL 34994

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FORDHAM, LAURENCE D
Address: 525 S.W. CAMDEN AVENUE
City-St-Zip: STUART, FL 34994

Title: MGR () Change (X) Addition
Name: WATERS, LYNN D
Address: 525 S.W. CAMDEN AVENUE
City-St-Zip: STUART, FL 34994

Title: MGR () Change (X) Addition
Name: BRODIE, LAWRENCE P D
Address: 525 S.W. CAMDEN AVENUE
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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: LAWRENCE BRODIE

D

04/20/2007

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