

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 10, 2007 8:00 am
Secretary of State

08-06-2007 90056 017 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L05000055969 1. Entity Name STEEL CITY HOLDINGS, LLC					
Principal Place of Business 111 NE 1ST STREET 9TH FLOOR MIAMI FL 33132			Mailing Address 111 NE 1ST STREET 9TH FLOOR MIAMI FL 33132		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 12-1603422			Applied For APPLIED FOR		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MEURRENS, GUY 111 NE 1ST STREET 9TH FLOOR MIAMI FL 33132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 re-registering)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEURRENS, GUY		NAME		
STREET ADDRESS	111 NE 1ST STREET 9TH FLOOR		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33132		CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, RAYMOND		NAME		
STREET ADDRESS	5220 BUTLER STREET		STREET ADDRESS		
CITY - ST - ZIP	PITTSBURGH PA 15201		CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCUS, BENJAMIN		NAME		
STREET ADDRESS	843 LONGRIDGE ROAD		STREET ADDRESS		
CITY - ST - ZIP	OAKLAND CA 94610		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					
<div style="display: flex; justify-content: space-between;"> 7/21/07 (724) 6124006 </div> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>					