


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90315 017 ***138.75

DOCUMENT # L05000078270	
1. Entity Name METAL MANIPULATOR, LLC	

Principal Place of Business 2545 N.E. COACHMAN RD. APT. #138 CLEARWATER, FL 33765 US	Mailing Address 2545 N.E. COACHMAN RD. APT. #138 CLEARWATER, FL 33765 US
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60026010



2. Principal Place of Business - No P.O. Box # 3320 Trask Dr	3. Mailing Address 3320 Trask Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02192008 Chg-LLC CR2E083 (12/06)

City & State Holiday FL	City & State Holiday FL
Zip 34691	Zip 34691
Country US	Country US

4. FEI Number 20-3274565	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BASILE, DEAN A 2545 N.E. COACHMAN RD. APT. #138 CLEARWATER, FL 33765	7. Name and Address of New Registered Agent Name basile, dean Street Address (P.O. Box Number is Not Acceptable) 3320 Trask Dr. City Holiday FL Zip Code 34691
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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 Dean A. Basile	DATE 4/13/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BASILE, DEAN A 2545 N.E. COACHMAN RD., APT. #138 CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Basile, Dean 3320 Trask Dr. Holiday, FL 34691 <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 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: Dean A. Basile	DATE 4/13/08 DAYTIME PHONE # 727.639.2152