2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000078270

1. Entity Name
METAL MANIPULATOR, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -1 PM 1:03

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

02192008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3320 Trask Dr. Suite, Apt. #, etc.	3320 Trask Dr. Suite, Apt. #, etc.
City & State: Holiday, FL Zip: 34691 Country: US	City & State: Holiday, FL Zip: 34691 Country: US

4. FEI Number: 20-3274565 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BASILE, DEAN A 2545 N.E. COACHMAN RD. APT. #138 CLEARWATER, FL 33765	Name: Basile, Dean Street Address (P.O. Box Number is Not Acceptable): 3320 Trask Dr. City: Holiday FL Zip Code: 34691

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 4/13/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2009 Fee will be $539.75

Make check payable to Florida Department of State

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Basile, Dean 3320 Trask Dr. Holiday, FL 34691	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 605, Florida Statutes.

SIGNATURE: Dean A. Basile 4/13/09 7276392152
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

E Hamilton MAY - 4 2009 # 1127