
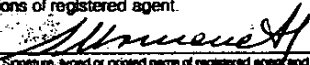
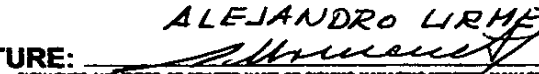


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90039 011 ***138.75

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # L05000088457 | | | |  | |
| 1. Entity Name STEEL STRUCTURES DETAILERS LLC | | | | | |
| Principal Place of Business 1016 PORTER DRIVE LARGO, FL 33771 | | | Mailing Address 1016 PORTER DRIVE LARGO, FL 33771 | | |
| 2. Principal Place of Business - No P.O. Box # 111 ELM SQUARE SOUTH | | 3. Mailing Address 111 ELM SQUARE SOUTH | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State LAKELAND, FLORIDA | | City & State LAKELAND, FLORIDA | | 4. FEI Number 26-0124358 | |
| Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| Zip 33813 | Country USA | Zip 33813 | Country USA | 01072008 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent URMENETA, ALEJANDRO 1016 PORTER DRIVE LARGO, FL 33771 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | Zip Code | | |
| FL | | | | | |
| 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  | | ALEJANDRO URMEUETA | | DATE 1-10-2008 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when registering) | | DATE | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM URMENETA, ALEJANDRO 1016 PORTER DRIVE LARGO, FL 33771 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM URMENETA, ALEJANDRO 111 ELM SQUARE SOUTH LAKELAND FLORIDA 33813 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DIXON, JANE 1016 PORTER DRIVE LARGO, FL 33771 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DIXON, JANE 111 ELM SQUARE SOUTH LAKELAND, FLORIDA 33813 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | ALEJANDRO URMEUETA | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 1-10-2008 | | Daytime Phone # 863-816-5140 |

00001016

