

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	
Zip 33813		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 FL Zip Code		
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: <u>ALEJANDRO URMENETA</u> DATE: <u>1-10-2008</u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<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: <u>ALEJANDRO URMENETA</u>			1-10-2008 863-816-5140		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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