

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90147 009 ****50.00

DOCUMENT # L05000090943

1. Entity Name

ALPHA METAL RECYCLING, LLC



Principal Place of Business

2385 N.W. 149TH ST.
OPA LOCKA FL 33054

Mailing Address

2385 N.W. 149TH ST.
OPA LOCKA FL 33054



2. Principal Place of Business

2385 NW 149th St.
Suite, Apt. #, etc.

3. Mailing Address

2385 NW 149th St.
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

OPA-LOCKA FL

City & State

OPA-LOCKA FL

4. FEI Number

20-3491330

Applied For

Not Applicable

Zip

33054

Country

Dade

Zip

33054

Country

Dade

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

SPIEGEL & UTRERA P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 SW 22nd St.

City

4th Floor
Miami

FL

Zip Code

33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: OPERATING MANAGER ☐ Delete
NAME: Carlos A. Teran
STREET ADDRESS: 2385 NW 149 St.
CITY-ST-ZIP: OPA-LOCKA FL 33054

TITLE: VICE-OPERATING MANAGER ☐ Delete
NAME: Moises Utrera
STREET ADDRESS: 2385 NW 149 St.
CITY-ST-ZIP: OPA-LOCKA FL 33054

TITLE: SECRETARY/TREASURER ☐ Delete
NAME: Rosaida T. Teran
STREET ADDRESS: 2385 NW 149 St.
CITY-ST-ZIP: OPA-LOCKA FL 33054

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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: Rosaida T. Teran / Rosaida T. Teran 2-8-6 305-685-1928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #