

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000093018

1. Entity Name
TARPON ALUMINUM LLC



Principal Place of Business
**319 W. MARTIN LUTHER KING JR. DR
TARPON SPRINGS, FL 34689**

Mailing Address
**319 W. MARTIN LUTHER KING JR. DR
TARPON SPRINGS, FL 34689**

DO NOT WRITE IN THIS SPACE



04112007 No.Chg-LLC

CR2E083 (11/05)

4. FEI Number
83-0439515

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEARD, RODDY W
319 W. MARTIN LUTHER KING DR.
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000752623
05/23/07-80078-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HEARD, RODDY W
STREET ADDRESS	319 W. MARTIN LUTHER KING DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/07

Date

727-251-5523

Daytime Phone #