## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 04, 2007 8:00 am Secretary of State **DOCUMENT # L05000116188** 05-04-2007 90308 021 \*\*\*\*55.00 ROSÉ ALUMINUM, L. L. C. Principal Place of Business Mailing Address 8313 HEATHER DRIVE 8313 HEATHER DRIVE THE THE REST OF THE PARTY. ZEPHYRHILLS, FL 33540 ZEPHYRHILLS, FL 33540 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 20-3906275 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEITH, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 1517 COMMERCIAL PARK DRIVE LAKELAND, FL 33801 City 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 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MCRM MLE Delete ☐ Change Addition ROSE, JOSHUA NAME MAME 8313 HEATHER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS, FL 33540 CITY-ST-ZIP TM F ☐ Delete TIDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

**FILED**