
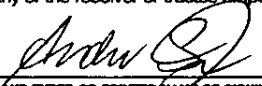


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90112 025 ***138.75

DOCUMENT # L06000008630 1. Entity Name ROYAL ARMOR ALUMINUM MANUFACTURERS, LLC			
Principal Place of Business 4656 NORTH HIATUS ROAD SUNRISE, FL 33351		Mailing Address 4656 NORTH HIATUS ROAD SUNRISE, FL 33351	
2. Principal Place of Business - No P.O. Box # 9220 NW 15th St.		3. Mailing Address 9220 NW 15th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Coral Springs FL.	
Zip 33071		Zip 33071	
Country Broward		Country Broward	
6. Name and Address of Current Registered Agent JAHODA, KATHLEEN 370 ALEXANDRIA CIRCLE WESTON, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</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 JAHODA, STEVE 370 ALEXANDRIA CIR WESTON, FL 33326 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SZOKE, ANDREW 9220 NW 15TH STREET CORAL SPRINGS, FL 33071 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKNIGHT, JAMES 16705 BERKSHIRE COURT SOUTHWEST RANCHES, FL 33331 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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:  ANDREW SZOKIZ		Date: 4/10/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	

30003476



03172008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4167486

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code