

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90134 009 ****55.00

DOCUMENT # L06000013498

1. Entity Name

ARIES METALS, LLC



Principal Place of Business

Mailing Address

108 NW ROCKBRIDGE CT.
PORT ST LUCIE FL 34986
US

108 NW ROCKBRIDGE CT.
PORT ST LUCIE FL 34986
US

2. Principal Place of Business - No P.O. Box #

645 NW Enterprise Drive

3. Mailing Address

645 NW Enterprise Drive

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Port St Lucie FL

City & State

Port St Lucie FL

Zip

34986

Country

USA

Zip

34986

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

27-0137574

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALL, MARIANNE
108 NW ROCKBRIDGE CT
PORT ST LUCIE FL 34986

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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MGR~~ MGRM ☐ Delete
NAME BALL, MARIANNE
STREET ADDRESS 108 NW ROCKBRIDGE CT
CITY- ST- ZIP PORT ST LUCIE FL 34986

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME John M. Foley
STREET ADDRESS 645 NW Enterprise Drive - Suite 102
CITY- ST- ZIP Port St. Lucie, FL 34986

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

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

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:

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

Date

Daytime Phone #

Bill Marianne Ball 1/30/07 778 873 0099