


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 25, 2008 8:00 am**  
**Secretary of State**

06-25-2008 90052 006 \*\*\*543.75

<b>DOCUMENT # L06000053945</b>	
1. Entity Name <b>DO RIGHT ALUMINUM LLC</b>	

Principal Place of Business <b>1777 HOUGH STREET FT. MYERS, FL 33901</b>	Mailing Address <b>1777 HOUGH STREET FT. MYERS, FL 33901</b>
---	---

**50007452**



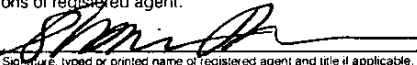
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05232008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>59-5103319</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
--	---------------------------------------


6. Name and Address of Current Registered Agent <b>BIZ FILINGS INCORPORATED 8025 EXCELSIOR DRIVE SUITE 200 MADISON, WI, FL 53717</b>		7. Name and Address of New Registered Agent Name <b>ALL FLORIDA FIRM INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>813 Deltona Blvd, Ste A 1245168</b> City <b>Deltona</b> <b>FL</b> Zip Code <b>32725</b>	
---	--	--	--

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  <b>Shannon Dunn for All Florida Firm, Inc.</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <b>5/23/08</b>
---	--	---------------------

<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>	<b>Make check payable to Florida Department of State</b>
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCURDY, MICHAEL 1777 HOUGH STREET FT. MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCURDY, DANIEL 5368 GLENLIVIT RD. FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCURDY, NATHANIEL 1777 HOUGH STREET FT. MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date <b>6-23-08</b>	Daytime Phone # <b>(239) 645-6364</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		