

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90030 025 ***138.75

| | | | |
|--|---|---|--|
| DOCUMENT # L06000073246 1. Entity Name WHITE ALUMINUM PRODUCTS, LLC | | | |
| Principal Place of Business 2101 U.S. HWY 441 LEESBURG, FL 32748 US | | Mailing Address 2101 U.S. HWY 441 LEESBURG, FL 32748 US | |
| 2. Principal Place of Business - No P.O. Box # 2101 US Hwy 441 Suite, Apt. #, etc. | | 3. Mailing Address 2101 US Hwy 441 Suite, Apt. #, etc. | |
| City & State Leesburg, FL Zip 34748 Country USA | | City & State Leesburg, FL Zip 34748 Country USA | |
| 4. FEI Number 20-5251421 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 04172008 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent DAGHER, WILLIAM 2101 U.S. HWY 441 LEESBURG, FL 32748 <i>*change of zip code only</i> | | 7. Name and Address of New Registered Agent Name William Dagher Street Address (P.O. Box Number is Not Acceptable) 2101 US Hwy 441 City Leesburg FL Zip Code 34748 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 | MGR DAGHER, WILLIAM 925 GUNTER COURT ALPHARETTA, GA 30022 <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 | MGR William Dorman 2101 US Hwy 441 Leesburg, FL 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | MGR Keith Wood 2101 US Hwy 441 Leesburg, FL 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <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 4/24/08 Daytime Phone # 352-787-6783 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | |