

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90073 046 ****50.00

DOCUMENT # L06000119644

1. Entity Name
COMMERCIAL EXTRUSION MANUFACTURING, LLC



Principal Place of Business
1909 N.E. 25TH AVENUE
OCALA, FL 34470 US

Mailing Address
1909 N.E. 25TH AVENUE
OCALA, FL 34470 US

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

02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1360722

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HENDRY, STONER, CALANDRINO & BROWN, P.A.
20 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LAWTON, BRIAN
1605 NORFOLK AVENUE
THE VILLAGES, FL 32162 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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10. ADDITIONS/CHANGES

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

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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:

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

Date

Daytime Phone #

Brian T. Lawton BRIAN T. LAWTON 2-26-07 352-620-2709