


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90027 028 ***138.75

DOCUMENT # L07000033423			
1. Entity Name SUNSHINE ALUMINUM, LLC			
Principal Place of Business 1615 PAULINE ST CANTONMENT FL 32533 US		Mailing Address 1615 PAULINE ST CANTONMENT FL 32533 US	
2. Principal Place of Business - No P.O. Box # 1615 PAULINE ST		3. Mailing Address 1615 PAULINE ST	
Suite, Apt. #, etc. CANTONMENT		Suite, Apt. #, etc. 	
City & State FLG. 32533		City & State 	
Zip 	Country ESCAMBIA	Zip 	Country
6. Name and Address of Current Registered Agent COATES, LARRY 1615 PAULINE ST CANTONMENT FL 32533		7. Name and Address of New Registered Agent 	
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.		4. FEI Number 20-8730622	
SIGNATURE Larry Coates		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
SIGNATURE Larry Coates		DATE 8-12-08	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COATES, LARRY 1615 PAULINE ST CANTONMENT FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2nd MOORE CR2E083 (4/08)

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b). F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

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 #

8-12-08-1-850-9682695