

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L07000034534

1. Entity Name

ACE ALUMINUM AND CONSTRUCTION, LLC



**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90206 049 \*\*\*143.75



Principal Place of Business

4926 AIRPORT RD  
ZEPHYRHILLS FL 33542

Mailing Address

4926 AIRPORT RD  
ZEPHYRHILLS FL 33542

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

4926 AIRPORT RD

3. Mailing Address

4926 AIRPORT RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

ZEPHYRHILLS, FL

City & State

ZEPHYRHILLS, FL

4. FEI Number

20-8768770

Applied For

Not Applicable

Zip

33542

Country

PASCO

Zip

33542

Country

PASCO

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, RICHARD C JR  
38838 SOUTH AVE  
ZEPHYRHILLS FL 33542

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

*Richard Shaffer* (MANAGER)

2-18-08

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent sig must be required when reinstating)

DATE

**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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SHAFFER, RICHARD C JR	
STREET ADDRESS	38838 SOUTH AVE	
CITY- ST- ZIP	ZEPHYRHILLS FL 33542	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DANIELS, RAY A	
STREET ADDRESS	38843 SOUTH AVE	
CITY- ST- ZIP	ZEPHYRHILLS FL 33542	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DANIELS, PAMELA A	
STREET ADDRESS	38843 SOUTH AVE	
CITY- ST- ZIP	ZEPHYRHILLS FL 33542-6	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Richard Shaffer* RICHARD SHAFFER

2-18-08

813 714 3115

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

Date

Daytime Phone #