

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

DOCUMENT # L07000034534

1. Entity Name

ACE ALUMINUM AND CONSTRUCTION, LLC



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

Suite, Apt. #, etc.

3. Mailing Address

4926 AIRPORT RD.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

Zip **33542**

Country **PASCO**

City & State

ZEPHYRHILLS, FL

Zip **33542**

Country **PASCO**

4. FEI Number

20-8768770

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAFFER, RICHARD C JR
38838 SOUTH AVE
ZEPHYRHILLS FL 33542

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 title (if applicable)

(NOTE: Registered Agent signature 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

10.

ADDITIONS/CHANGES

TITLE **MGRM**
NAME **SHAFFER, RICHARD C JR**
STREET ADDRESS **38838 SOUTH AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE **MGRM**
NAME **DANIELS, RAY A**
STREET ADDRESS **38843 SOUTH AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE **MGRM**
NAME **DANIELS, PAMELA A**
STREET ADDRESS **38843 SOUTH AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542-6**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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 #

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

03-05-2008 90206 049 ***143.75

