

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039940

Entity Name: IRON ASSETS, LLC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

481 THORPE ROAD
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

6770 EAST 56TH AVENUE
COMMERCE CITY, CO 80022 US

New Mailing Address:

FEI Number: 28-8897387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, PAT
481 THORPE ROAD
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPENCER, DENNIS
Address: 481 THORPE RD.
City-St-Zip: ORLANDO, FL 32824 US

Title: MGRM () Delete
Name: SPENCER, PAT
Address: 481 THORPE RD.
City-St-Zip: ORLANDO, FL 32824 US

Title: MGRM () Delete
Name: SPENCER, SCOTT
Address: 481 THORPE RD.
City-St-Zip: ORLANDO, FL 32824 US

Title: MGRM () Delete
Name: CASARES, STACY
Address: 6770 E 56TH AVE
City-St-Zip: COMMERCE CITY, CO 80022 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY HAIDER

TREA

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date