

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000079855

FILED
Oct 15, 2009
Secretary of State**Entity Name:** JUSTIN'S ALUMINUM SPECIALISTS LLC**Current Principal Place of Business:**1528 WEST EUCLID AVENUE
DELAND, FL 32720**New Principal Place of Business:****Current Mailing Address:**1528 WEST EUCLID AVENUE
DELAND, FL 32720**New Mailing Address:****FEI Number:** 26-0672053**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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:** MGR () Delete
Name: GRAVELL, JUSTIN
Address: 1528 WEST EUCLID AVENUE
City-St-Zip: DELAND, FL 32720**Title:** MGR () Delete
Name: EAST, DAVID
Address: 1528 WEST EUCLID AVENUE
City-St-Zip: DELAND, FL 32720**Title:** S (X) Delete
Name: GRAVELL, SIRA
Address: 1528 WEST EUCLID AVENUE
City-St-Zip: DELAND, FL 32720**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: GRAVELL, SIRA
Address: 1528 WEST EUCLID AVENUE
City-St-Zip: DELAND, FL 32720**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: JUSTIN GRAVELL

MGR

10/15/2009

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