

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000090518

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN METAL ARCHITECTURAL SYSTEMS, LLC

**Current Principal Place of Business:**

5766 SOUTHWAY ST., SW  
CANTON, OH 44706

**New Principal Place of Business:**

5299 SOUTHWAY ST., SW  
CANTON, OH 44706

**Current Mailing Address:**

5766 SOUTHWAY ST., SW  
CANTON, OH 44706

**New Mailing Address:**

**FEI Number:** 26-0859953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CURBELO, JORGE  
200 HOPE STREET  
LONGWOOD, FL 32750 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  
**Name:** GOOD, STEVEN  
**Address:** 200 HOPE ST.  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** MGRM  
**Name:** CURBELO, JORGE  
**Address:** 200 HOPE ST.  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** MGRM  
**Name:** MEAGHER, TIM  
**Address:** 200 HOPE ST.  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** MGR  
**Name:** BARTLEY, DAVID W II  
**Address:** 6795 MT PLEASANT ST. NW.  
**City-St-Zip:** NORTH CANTON, OH 44720

**Title:** MGR  
**Name:** BARTLEY, JOHN C  
**Address:** 200 HOPE STREET  
**City-St-Zip:** LONGWOOD, FL 32750

I hereby 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:** DAVID BARTLEY

MGR

02/17/2010

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