

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105152

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** GROVE CITY METALWORKS LLC

**Current Principal Place of Business:**

2081 LAUREL AVENUE  
ENGLEWOOD, FL 34224 US

**New Principal Place of Business:**

**Current Mailing Address:**

2081 LAUREL AVENUE  
ENGLEWOOD, FL 34224 US

**New Mailing Address:**

FEI Number: 26-1249719      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SHOLTZ, JAMES E  
2081 LAUREL AVENUE  
ENGLEWOOD, FL 34224 US

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: SHOLTZ, JAMES E  
Address: 2081 LAUREL AVENUE  
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: SHAUGER, ALAN  
Address: PO BOX 494922  
City-St-Zip: PORT CHARLOTTE, FL 33949

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: JAMES SHOLTZ

MGR

05/01/2008

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