

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-24-2008 90018 014 ***138.75

DOCUMENT # L07000114979 1. Entity Name FLORIDA METAL BUILDING SERVICES, LLC					
Principal Place of Business 2110 SW 7TH AVE 103 OCALA, FL 34471			Mailing Address 2110 SW 7TH AVE 103 OCALA, FL 34471 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-LLC CR2E083 (12/06)	
Zip	Country	Zip	Country	4. FFI Number 22-3974353	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LITTLE, THOMAS C 2123 NE COACHMEN RD A CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reissuing) 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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM TILLANDER, ROBERT M 8075 SE 15TH CT OCALA, FL 34480		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Christopher Tillander 2110 SW 7th Ave #103 Ocala FL 34471	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing member Christopher Tillander 2110 SW 7th Ave, Ocala FL 34471	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:			Date: 4-8-08 Daytime Phone #: 352-789-6009		