

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002014

FILED
Apr 25, 2011
Secretary of State

Entity Name: COLD FORMED SYSTEMS, LLC

Current Principal Place of Business:

20 PINE STREET
WINDERMERE, FL 34786

New Principal Place of Business:

20 PINE STREET
WINDERMERE, FL 34786 US

Current Mailing Address:

20 PINE STREET
WINDERMERE, FL 34786

New Mailing Address:

20 PINE STREET
WINDERMERE, FL 34786 US

FEI Number: 26-1721716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIVENS, MARRILL
20 PINE STREET
WINDERMERE, FL 34786 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: GIVENS, MARRILL
Address: 20 PINE STREET
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM
Name: GIVENS, MARRILL
Address: 20 PINE ST
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM
Name: GIVENS, MARRILL
Address: 20 PINE ST
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM
Name: GIVENS, MARRILL
Address: 20 PINE ST
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM
Name: GIVENS, MARRILL
Address: 20 PINE ST
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM
Name: GIVENS, MARRILL
Address: 20 PINE ST
City-St-Zip: WINDERMERE, FL 34786 US

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: MARRILL GIVENS

MGRM

04/25/2011

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