2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000043966

Entity Name: A & S STEEL SYSTEMS, LLC

Current Principal Place of Business:

6753 THOMASVILLE ROAD #108-309
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

6753 THOMASVILLE ROAD #108-309
#108-309
TALLAHASSEE, FL 32312 US

Current Mailing Address:

6753 THOMASVILLE ROAD #108-309
TALLAHASSEE, FL 32312 US

New Mailing Address:

6753 THOMASVILLE ROAD #108-309
#108-309
TALLAHASSEE, FL 32312 US

FEI Number: 26-2573268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNIPES, DENNIS S
6753 THOMASVILLE ROAD #108-309
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

SNIPES, DENNIS S
6753 THOMASVILLE ROAD #108-309
#108-309
TALLAHASSEE, FL 32312 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: _____ 04/23/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SNIPES, DENNIS S
Address: 3303 MICANOPY TRAIL
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGR ( ) Delete
Name: BRUTON, JAMES A
Address: PO BOX 983
City-St-Zip: HAVANA, FL 32333 US

ADDITIONS/CHANGES:

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

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: DENNIS S. SNIPES MGR 04/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date