

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051684

FILED  
Aug 26, 2009  
Secretary of State

**Entity Name:** C&A JIMENEZ METAL FRAMING LLC

**Current Principal Place of Business:**

4780 SW 136TH PL  
OCALA, FL 34473

**New Principal Place of Business:**

**Current Mailing Address:**

4780 SW 136TH PL  
OCALA, FL 34473

**New Mailing Address:**

12835 SW 40 TH TERR  
OCALA, FL 34473

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

FABIOLA, IBARRA  
4780 SW 136TH PL  
OCALA, FL 34473 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: MGR ( ) Delete  
Name: FABIOLA, IBARRA  
Address: 4780 SW 136TH PL  
City-St-Zip: OCALA, FL 34473

Title: MGRM ( ) Delete  
Name: CESAR, JIMENEZ  
Address: 4780 SW 136TH PL  
City-St-Zip: OCALA, FL 34473

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: CARMELO, JIMENEZ  
Address: 12835 SW 40TH TERR  
City-St-Zip: OCALA, FL 34473

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: CARMELO JIMENEZ

MGRM

08/26/2009

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