

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101193

Entity Name: TRUE METALS GROUP, LLC

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

120 SECLUDED WAY
TITUSVILLE, FL 32780

New Principal Place of Business:

3235 GARDEN ST., SUITE B #1100
TITUSVILLE, FL 32796

Current Mailing Address:

P.O. BOX 269
SHARPES, FL 32959

New Mailing Address:

FEI Number: 80-0290900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, KARINA A
120 SECLUDED WAY
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

WARD, KARINA A
3235 GARDEN ST., SUITE B #1100
TITUSVILLE, FL 32796 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:

01/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WARD, KARINA A
Address: 120 SECLUDED WAY
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM () Delete
Name: WARD, DANIEL P
Address: 120 SECLUDED WAY
City-St-Zip: TITUSVILLE, FL 32780 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WARD, KARINA A
Address: 3235 GARDEN ST., SUITE B #1100
City-St-Zip: TITUSVILLE, FL 32796

Title: MGRM (X) Change () Addition
Name: WARD, DANIEL P
Address: 3235 GARDEN ST., SUITE B #1100
City-St-Zip: TITUSVILLE, FL 32796 US

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: KARINA WARD

MGRM

01/05/2009

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