


2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L10000129390	
1. Entity Name BEAVER METALS LLC	

Principal Place of Business 5919 PLUNKETT ST. HOLLYWOOD, FL 33023 US	Mailing Address 1848 NW, 86 TER CORAL SPRINGS, FL 33071 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
2012 JUN -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05042012 Chg-LLC CR2E083 (12/11)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PLOUMIS, ARISTIDE 1848 NW 86 TER CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$538.75 Due by September 28, 2012	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLOUMIS, ARISTIDE 1848 NW 86 TER CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0002347386 10 05/07/12--01003--003 **600.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>ARISTIDE PLOUMIS MGR 5-28-12</u>	DATE	E-MAIL ADDRESS: <u>ARIS@BEAVERFL.COM</u>
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