2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNOAL ILL OIL								
1. Entity Nam					.ED			
BEAVER METALS LLC					2012 JUN - 1	PM 2: 29		
Principal Place of Business Mailing Address					_SECRETARY	OF CTATE		
5919 PLUNKETT ST. HOLLYWOOD, FL 33023 US		1848 NW, 86 TER CORAL SPRINGS, FL 33071 US			SECRETARY TALLAHASSE	E. FLORIDA		
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05042012	Chg-LLC	CR2E083 (12/11)		
City & State		City & State		4. FEI Num	per		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	S \$5.00 Addit Fee Required		
	6. Name and Address of Current I	Registered Agent		7. Name an	d Address of New R	egistered Agent		
				Name				
PLOUMIS, ARISTIDE 1848 NW 86 TER CORAL SPRINGS, FL 33071				Street Address (P.O. Box Number is Not Acceptable)				
00.0.20								
			City			FL Zip Code		
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								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE DATE								
· FILI Due	# 1 136,15 E NOW!!! FEE IS \$538.75 b by September 28, 2012				check payable to Department of State	•		
9.	MANAGING MEMBER	S /MANACEDS	10.		ADDITIONS/	CHANGES		
TITLE	MGR	Delete	TITLE		ADDITIONO	☐ Change	Addition	
NAME	PLOUMIS, ARISTIDE	LI Delete	NAME					
STREET ADDRESS	1848 NW 86 TER		STREET ADDRESS		•			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP					
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CITY-ST-ZIP		——————————————————————————————————————				Change	Addition	
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	and it, that the large and a smallest collection	this fling does not availed to		and in Chapter 14	0 Elorida Statutas 16	orther certify that the info	rmation	
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 certify company or the certify company or the company or the company or the certify company or the certification.								

PLOUMIS MGR 5-28-12

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE

E-MAIL ADDRESS

ARIS e BEAVER FL. Coy