FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2000 UNIFO	RM BUSINESS REP
DOCUMENT # 1. Entity Name	L9900006013
STANLEY METAL GRO	UP, L.C.
Principal Place of Pusiness	Mailing Address

rincipal Place of Business	Mailing Addres
	COOK BROKEN

9.

CITY-ST-ZIP

				(0 FEB - 7 PM 2: 0) I.		
Principal Plac	e of Business	Mailing Address			, , , , , , , , , , , , , , , , , , ,) 4		
	Sound PKWY, N.W.	6001 BROKEN SOUND F	PKWY, N.W.	{				
STE 406 BOCA RATON	F1 93487	STE 406 BOCA RATON FL 33487	-2754					
BOOK RATOR	11 6 30407	000011000011000000000000000000000000000						
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State Ci		City & State	City & State				plied For	
Zip	Country	Zip	Country		ate of Status Desired	\$5.00 Add	litional	
	Non-order de la constant		1			Fee Required	1	
	6. Name and Address of Cu	Tent Hegistered Agent	Name	7. Name and Address of New Registered Agent Name				
KRONGO	LD AND TODD, P.A.		Ctro at Ao	Idenas (BO, Boy Num	ber is Not Acceptable)			
	AMBRA CIRCLE		Street Ad	agress (P.O. Box Null				
STE 801								
CORAL G	ABLES FL 33134		City			Zip Code	э —	
0. The share	named entity submits this statem	and for the purpose of changing if	ts registered office as	registered agent or h				
o. The above	Harried entity submits this statem	ent for the purpose of changing in	to registered office of	rogistarou agorit, or i	your in the oracle of historia			
SIGNATURE					DATE			
	Signature, typed or printed name of registered	agent and title if applicable (NC	TE: Registered Agent signatur	re required when reinstating)	DATE	<u> </u>		
		FILE	IOW!!! FEE IS \$	50.00				
		Make Check P	ayable to Departn	nent of State				
	MANAGING N	EMBERS/MEMBERS	10.		ADDITIONS/CHANG			
9. TITLE	MGRM	Deista	TITLE		NOBINOTO / OTTA	Change	Addition	
NAME	MILLER, STANLEY T	· ·	NAME					
STREET ADDRESS	6001 BROKEN SOUND PKW	/Y, N.W., STE 406	STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		CITY- 8T- ZIP				☐ Addition	
TITLE	MGRM	☐ Deteta	TITLE *	•		Change		
NAME BTREET ADDRESS	WEINER, STEWART 6001 BROKEN SOUND PKW	IV NIW STEARS	STREET ADDRESS		6000031 3 -02/10/00	: 1 335 01087	-11(1)1	
CITY- \$T- ZIP	BOCA RATON FL:	11, 14,11, 012, 400	CITY-ST-ZIP		****100.f	<u>)[] ****</u>	<u> 50.00</u>	
TITLE	MGRM	☐ Deteto	TITLE			Change	Addition	
NAME	FRIEDMAN, DAVID E		NAME					
STREET ADDRESS CITY-ST-ZIP	6001 BROKEN SOUND PKY	/Y, N.W., STE 406	STREET AODRESS CITY-ST-ZIP		σ_{\geq} .			
TITLE	BOCA RATON FL	☐ Delete	TITLE		——— , \	☐ Change	Addition	
NAME		L Meadle	NAME				_	
STREET ACORESS			STREET ABORESS		x C 0			
CITY-ST-ZIP			CITY-87-ZIP					
TITLE	{	☐ ()elsta	TITLE		()	Chango	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		/ \			
CITY-ST-ZIP)		CITY-ST-ZIP					
TITLE	<u> </u>	Delete	TITLE			Change	Addition	
NAME			MAME					
STREET ADDRESS	1		STREET ADDRESS					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 controlly or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-8T-ZIP

THE WEINER MGR 2/1/00 (561)241-6080

EIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER OR MANAGER

Date

Description Priorie # SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER