

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000001413

1. Entity Name
MANCHESTER COPPER PRODUCTS, LLC



Principal Place of Business
399 B CHALLENGER RD.
CAPE CANAVERAL, FL 32920

Mailing Address
399 B CHALLENGER RD.
CAPE CANAVERAL, FL 32920



03082005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2172782

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE
IN THIS SPACE

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 reappointing)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
STEWART, CHARLES
399 B CHALLENGER RD.
CAPE CANAVERAL, FL 32920

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BENENSON, CLEMENT C
196 INDIAN BAR ROAD
BROOKSVILLE, ME 04617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BENENSON, JAMES III
196 INDIAN BAR ROAD
BROOKSVILLE, ME 04617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LASH, JAMES H
411 THEODORE FREMD AVE.
RYE, NY 10580

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000261860
03/14/05-80025-019 50.00

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/9/05

Date

321 784 9278

Daytime Phone #