

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006556

FILED
Apr 28, 2009
Secretary of State

Entity Name: STERLING STEEL MANAGEMENT COMPANY LLC

Current Principal Place of Business:

403 2ND AVE., STE 103
OPELIKA, AL 36801

New Principal Place of Business:

1802 CALCUTTA DRIVE
OPELIKA, AL 36801

Current Mailing Address:

403 2ND AVE., STE 103
OPELIKA, AL 36801

New Mailing Address:

1802 CALCUTTA DRIVE
OPELIKA, AL 36801

FEI Number: 33-1074287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALTERS, ANGELA M
Address: 403 2ND AVE., STE 103
City-St-Zip: OPELIKA, AL 36801

Title: MGRM () Delete
Name: WALTERS, JAKE T III
Address: 403 2ND AVE., STE103
City-St-Zip: OPELIKA, AL 36801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALTERS, ANGELA M
Address: 1802 CALCUTTA DRIVE
City-St-Zip: OPELIKA, AL 36801

Title: MGRM (X) Change () Addition
Name: WALTERS, JAKE T III
Address: 1802 CALCUTTA DRIVE
City-St-Zip: OPELIKA, AL 36801

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: JAKE T WALTERS III

MGRM

04/28/2009

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