

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004444

Entity Name: STEELCAST LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2701 W. BUSCH BOULEVARD, SUITE 204  
TAMPA, FL 33618

## **New Principal Place of Business:**

3450 BUSCHWOOD PARK DR.  
SUITE 300  
TAMPA, FL 33618

## **Current Mailing Address:**

2701 W. BUSCH BOULEVARD, SUITE 204  
TAMPA, FL 33618

## **New Mailing Address:**

3450 BUSCHWOOD PARK DR.  
SUITE 300  
TAMPA, FL 33618

FEI Number: 45-2765641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SNYDER, DAVE  
2701 W. BUSCH BOULEVARD, SUITE 204  
TAMPA, FL 33618 US

## **Name and Address of New Registered Agent:**

SNYDER, DAVE  
3450 BUSCHWOOD PARK DR.  
SUITE 300  
TAMPA, FL 33618 US

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:

04/27/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SNYDER, DAVE  
Address: 3450 BUSCHWOOD PARK DR. , STE 300  
City-St-Zip: TAMPA, FL 33618 US

Title: MGR  
Name: WANG, HUA  
Address: 3450 BUSCHWOOD PARK DR. , STE 300  
City-St-Zip: TAMPA, FL 33618 US

Title: MGR  
Name: SEGHER, JEROEN  
Address: 3450 BUSCHWOOD PARK DR. , STE 300  
City-St-Zip: TAMPA, FL 33618 US

Title: MGR  
Name: LUCEA, IGNACIO  
Address: 3450 BUSCHWOOD PARK DR. , STE 300  
City-St-Zip: TAMPA, FL 33618 US

I hereby 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: DAVE SNYDER

CEO

04/27/2012

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