

2023 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M22000006131

Entity Name: FLEXTRUDE ALUMINUM SHAPES, LLC**Current Principal Place of Business:**2540 JEWETT LN.
SANFORD, FL 32771**Current Mailing Address:**2540 JEWETT LN.
SANFORD, FL 32771**FEI Number:** 88-1719952**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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:** RYAN DEANDA**09/27/2023**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---------------------------|-----------------|------------------------------|
| Title | AP | Title | MBR |
| Name | MCDONEL, MARK | Name | FLORIDA HOLDING COMPANY, LLC |
| Address | 2540 JEWETT LN. | Address | 109 HUNTINGTON DR. |
| City-State-Zip: | SANFORD FL 32771 | City-State-Zip: | PITTSBURGH PA 15235 |
| | | | |
| Title | AUTHORIZED REPRESENTATIVE | | |
| Name | MEIKLE, MELISSA | | |
| Address | 2540 JEWETT LN. | | |
| City-State-Zip: | SANFORD FL 32771 | | |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA MEIKLE**AUTHORIZED REP****09/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date