2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000002593 1. Entity Name PARKER WELDING, L.L.C.					Jul 05, 2005_08:00 AM Secretary of State				
Principal Plac	e of Rusiness	Mailing Address			1				
Principal Place of Business Mailing Address 4406 WEST JACKSON 4406 WEST JACKS									•
PENSACOL	PENSACOLA FL 32506								
2. Principal Place of Business		3. Mailing Address							
Suite Ant # ata		Suite, Apt. #, etc			Mälleli dii ka lif sem s am aan		1891 SIIIS 18199 (II	1912) 111 1816)	
Suite, Apt. #, etc.		Suite, Apt. ii, etc	Suite, Apt. II, 410			1st MOORE	CR2E083	(10/04)	
City & State		City & State		4. FEI Num	59-3388351			plied For	
Zip Country		Zip	Zip Coun		\$5.00 Additional				
2.10	Joans]			Fee Required				
	6. Name and Address of Curre		7. Name and Address of New Registered Agent Name						
PARKER, RICHARD E									
440	6 WEST JACKSON			Street Address (P.O. Box Num	nber is Not Acceptable))		
PEN	ISACOLA FL 32506						~		-
							FL	Zip Code	
8 The above	named entity submits this statement	for the purpose of changing its r	edister	ed office or register	ed agent, or l	both, in the State of Flo		amiliar with.	and accept
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 trile if applicable (NOTE Registered Agent signature required when reinstating) ATE									
FILE NOW!!! FEE IS \$50.00									
Make Check Payable to Florid					nt of State				
		+		ay 1, 2005					
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	PARKER, RICHARD E 4406 W. JACKSON ST.	. = -	NAM STRE	E TADDRESS					
CITY-SI-ZIP	PENSACOLA FL 32506	• . —		- S1 - ZIP					
TITLE		☐ Delete	1111	Ε				Change	☐ Addition
NAME			NAM	l l		U0000033 07/05/05-8	70431	ነለ ምም ሰላ	1
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NAME			MAM	E				•	
STREET ADDRESS			2	ET ADDRESS SF-ZIP					
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STREET ADDRESS				ET ADORESS					
CITY-ST-ZIP			CITY	-ST-ZIP		,	·		
THLE		☐ Delete	ittl					Change	☐ Addition
NAME STREET ADDRESS			NAM	ET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP					
TOTLE		☐ Delete	FILL	F .				☐ Change	Addition
NAME STREET PORRESS			NAM	·					
STREET ADDRESS CITY - ST - ZIP				ET ADDRESS					
11 Lhereby	certify that the information supplied v	with this filing does not qualify for	the exe	motion stated in Se	ection 119.07((3)(i), Florida Statutes.	I further cert	tify that the ir	nformation
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.									

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

850-457-3511

Daytime Phone #