

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000000531

1. Entity Name
L & H WELDING, LLC



Principal Place of Business
**1706 LOUIE CARTER ROAD
JACKSONVILLE, FL 32234**

Mailing Address
**1706 LOUIE CARTER ROAD
JACKSONVILLE, FL 32234**



03172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEON GARLAND HASELWOOD, JR.
1706 LOUIE CARTER ROAD
JACKSONVILLE, FL 32234**

**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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CHERYL DENISE HASELWOOD
STREET ADDRESS	1706 LOUIE CARTER ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	MGR
NAME	LEON GARLAND HASELWOOD, JR.
STREET ADDRESS	1706 LOUIE CARTER ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80137-019 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)(i), 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

4/26/05

904 289-9423

Date

Daytime Phone #