

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103409

FILED
Jan 23, 2007
Secretary of State

Entity Name: WIREFAB OF FLORIDA LLC

Current Principal Place of Business:

919 MILLBURY STREET
WORCESTER, MA 01607

New Principal Place of Business:

75 BLACKSTONE RIVER ROAD
WORCESTER, MA 01607

Current Mailing Address:

919 MILLBURY STREET
WORCESTER, MA 01607

New Mailing Address:

75 BLACKSTONE RIVER ROAD
WORCESTER, MA 01607

FEI Number: 20-5771306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE A. LEVINE P.A.
790 EAST BROWARD BLVD.
SUITE 302
FORT LAUDERDALE, FL 33301 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: MGR () Delete
Name: SAMSEL, JAMES J
Address: 919 MILLBURY STREET
City-St-Zip: WORCESTER, MA 01607

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZAKARIAN, ASBED B
Address: 75 BLACKSTONE RIVER ROAD
City-St-Zip: WORCESTER, MA 01607

I hereby certify that the information supplied with this filing does not qualify for the 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: ASBED B. ZAKARIAN

MRG

01/23/2007

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