

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119171

**FILED**  
**Feb 08, 2008**  
**Secretary of State**

**Entity Name:** D & D WELDING & FABRICATION, LLC

**Current Principal Place of Business:**

225 SOUTHWEST 21 TERR  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

648 ANGLE ROAD  
FORT PIERCE, FL 34947

**Current Mailing Address:**

225 SOUTHWEST 21 TERR  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 26-1504130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MASSA, EDMUND D  
225 SOUTHWEST 21 TERR  
FORT LAUDERDALE, FL 33312      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: MASSA, EDMUND D  
Address: 225 SOUTHWEST 21 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: MASSA, EDMUND D  
Address: 225 SOUTHWEST 21 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP ( ) Change (X) Addition  
Name: MASSA, DANIEL E  
Address: 225 SOUTHWEST 21TERR  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify 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: INGRID MOYER

OM

02/08/2008

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