

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000002085

1. Entity Name
ACE FABRICATION, L.L.C.



Principal Place of Business

**3553 INDUSTRIAL PARK DR
BLDG A
MARIANNA, FL 32446**

Mailing Address

**3553 INDUSTRIAL PARK DR
BLDG A
MARIANNA, FL 32446**



04112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3480037

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BONDURANT, FRANK E
4450 LAFAYETTE ST
MARIANNA, FL 32446**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FULFORD, DOUG
STREET ADDRESS	3553 INDUSTRIAL PARK DR BLDG A
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	MGR
NAME	ASSELS, GARY
STREET ADDRESS	P.O. BOX 370
CITY-ST-ZIP	EAR FALLS ONTARIO P0V 1T0,
TITLE	MGR
NAME	RICHARDS, MARK
STREET ADDRESS	3553 INDUSTRIAL PARK DR.
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000524378
05/03/06-80110-018 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

D. Fulford **D FULFORD** V.P. 4/17/06 850 482 4141