

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000063256

**FILED**  
**May 05, 2017**  
**Secretary of State**  
**CC2715994113**

**Entity Name:** WALSDORF METAL WORKS, LLC

**Current Principal Place of Business:**

96 US HWY 17-92 N  
HAINES CITY, FL 33844

**Current Mailing Address:**

PO BOX 1059  
DAVENPORT, FL 33837 US

**FEI Number:** 26-0393886

**Certificate of Status Desired:** No

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

ELLIOTT, BRENT  
1850 HIGHWAY 17-92 NORTH  
DAVENPORT, FL 33837 US

*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:** BRENT ELLIOTT

05/05/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PRES, CEO  
Name CARNES, L BAYLIS III  
Address PO BOX 1059  
City-State-Zip: DAVENPORT FL 33837

Title TREASURER  
Name CARNES, VALERIE L  
Address PO BOX 1059  
City-State-Zip: DAVENPORT FL 33837

Title VP  
Name CARNES, LEMUEL BAYLIS IV  
Address PO BOX 1059  
City-State-Zip: DAVENPORT FL 33837

Title VP  
Name CARNES, TIMOTHY  
Address PO BOX 1059  
City-State-Zip: DAVENPORT FL 33837

Title VP  
Name CARNES, DAVID  
Address PO BOX 1059  
City-State-Zip: DAVENPORT FL 33837

Title CFO  
Name ELLIOTT, BRENT  
Address PO BOX 1059  
City-State-Zip: DAVENPORT FL 33837

Title GENERAL MANAGER  
Name HARDY, LLOYD  
Address 96 US HWY 17-92 N  
City-State-Zip: HAINES CITY FL 33844

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEMUEL B. CARNES III

**OWNER**

05/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date