

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000090402

**Entity Name:** WESTERN FABRICATING LLC

**Current Principal Place of Business:**

17061 ALICO COMMERCE CT  
#105  
FORT MYERS, FL 33967

**Current Mailing Address:**

17061 ALICO COMMERCE CT  
#105  
FORT MYERS, FL 33967 US

**FEI Number:** 82-5189067

**Certificate of Status Desired:** No

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

SCHREIBER, THOMAS W  
17061 ALICO COMMERCE CT  
#105  
FORT MYERS, FL 33967 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SCHREIBER, THOMAS  
Address 17061 ALICO COMMERCE CT  
#105  
City-State-Zip: FORT MYERS FL 33967

Title AMBR  
Name BLANK, CANDICE L  
Address 17061 ALICO COMMERCE CT  
#105  
City-State-Zip: FORT MYERS FL 33967

Title CO-VP  
Name GOTTFRIED, ROGER  
Address 17061 ALICO COMMERCE CT  
#105  
City-State-Zip: FORT MYERS FL 33967

Title CO-VP  
Name CURRAN, JOSIAH  
Address 17061 ALICO COMMERCE CT  
#105  
City-State-Zip: FORT MYERS FL 33967

*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:** THOMAS SCHREIBER

AMBR

04/30/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date