## 2006 LIMITED LIABILITY COMPĂNÝ ANNUAL REPORT (AR)

|  | ANNUAL  | KEPUKI (AK)                             | <u> </u>  | Jan 27, 2006 08:00 AM  |  |
|--|---|---|---|--|--|
| DOCUI<br>1. Entity Name                                      | MENT # L000000025   | 593                                     |   | Secretary of State   |  |
| PARKER WELDING, L.L.C.                                       |   |   |   |  |  |
| Principal Place of Business                                  |   | Mailing Address                         | 1   |  |  |
| 4406 WEST JACKSON<br>PENSACOLA FL 32506                      |   | 4406 WEST JACKSON<br>PENSACOLA FL 32506 |   |  |  |
| 2. Principal Place of Business                               |   | 3. Mailing Address                      | <br>  |  |  |
| Suite, Apt #, etc.   |   | Suite, Apt. #, etc                      | L T   | 1st MOORE CR2E083 (10/05)  |  |
| City & State   |   | City & State                            |   | 4. FEI Number  |  |
| Zip  | Country   | Zip                                     | Gountry   | 5. Certificate of Status Desired Status Pesired Fee Required   |  |
|  | 6. Name and Address of Curre  | nt Registered Agent                     |   | 7. Name and Address of New Registered Agent  |  |
|  |   |   | Name  |  |  |
| PARKER, RICHARD E<br>4406 WEST JACKSON<br>PENSACOLA FL 32506 |   |   | Street Address  | s (P.O., Box Number is Not Acceptable)   |  |
|  |   |   | City  | FL Zip Code  |  |
|  | named entity submits this statementions of registered agent.  | t for the purpose of changing its       | registered office or regis  | ered agent, or both, in the State of Florida. I am familiar with, and accept   |  |
| SIGNATURE  | Signature, typed or paritiod name of registered ag  | ent and title if applicable. (NOT       | E Registered Agent signature requi                                | red when reinstating) DATE   |  |
|  |   | Make Check Payab                        | OW)!! FEE IS \$50.00<br>le to Florida Departm<br>e By May 1, 2006 |  |  |
| 9.   | MANAGING MEM  | BERS/MANAGERS                           | 10.   | ADDITIONS/CHANGES  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        | MGR PARKER, RICHARD E 4406 W. JACKSON ST. PENSACOLA FL 32506  | ☐ Delete                                | TITLE NAME STREET AUDRESS GITY-ST-ZIP                             | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        | FENSACOLA I E 32300   | ☐ Delete                                | TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | ☐ Change ☐ Additi:   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        |   | Delete                                  | NAME STREET ADDRESS CITY-'ST-ZIP                                  | Ctrange AAA***   |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP                        |   | Detete                                  | THLE NAME STREET ADDRESS CITY-ST-ZIP                              | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP                    |   | ☐ Detete                                | TIYLE  NAME  STREET ADDRESS  CHY-ST-ZIP                           | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        |   | ☐ Delete                                | TITLE  NAME  STREET ADDRESS  CITY+ST-ZIP                          | ☐ Change ☐ AcAdia.   |  |
|  | certify that the information supplied<br>of on this report is true and accurate<br>ability company or the receiver or tri | and that my proportion chall by         | ua tha coma langi atlant s  | ined in Section 119, Florida Statutes. I further certify that the information as if made under oath, that I am a managing member or manager of the hapter 608, Florida Statutes. |  |

**FILED** 

850-457-3511