2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 26, 2007 08:00 A Secretary of State DOCUMENT # L00000002593 1. Entity Namo PARKER WELDING, L.L.C. Principal Place of Business Mailing Address 4406 WEST JACKSON 4406 WEST JACKSON PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, otc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 59-3388351 Not Applicable Ζιρ Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 4406 WEST JACKSON PENSACOLA FL 32506 Zip Code City 8. The above named onlity 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ши Change Addillon MGR ☐ Delcte NAME. PARKER, RICHARD E NAMI U000000679313 04/03/07-80034-003 50.00 STREET ADDRESS STREET LANDRESS 4406 W. JACKSON ST. CITY-SI-7IP CHY-SI-7IP PENSACOLA FL 32506 THELL ☐ Delete ☐ Change ■ Addition NAMI. NAMI STREET ADDRESS STREET ADORESS CITY-SI-7IP CHY-SI-7P DITTE ☐ Delete TITLE ☐ Change Addition NAME NAML STREET ADDRESS STREET LADORESS CTY-51-7# city-213 sums DITH Delete THE ☐ Change ☐ Addition NAME NAME STRUCT ADDRESS STREET ADDRESS CITY-S1-ZIF CITY-ST-ZIP ☐ Delete TITLE OTH ☐ Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-7IP TITLE DITE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-SI-ZIP 11. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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.

KICHARD E . PARKER

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