

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L00000005328**

1. Entity Name  
**MESSER INDUSTRIES, L.L.C.**



Principal Place of Business  
**1193 HIGHWAY 173  
GRACEVILLE, FL 32440 US**

Mailing Address  
**P O BOX 760  
GENEVA, AL 36340 US**



01092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3655713**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MESSER, ROXANNE  
1193 HIGHWAY 173  
GRACEVILLE, FL 32440**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MESSER, KIMMIE
STREET ADDRESS	1193 HIGHWAY 173
CITY - ST - ZIP	GRACEVILLE, FL 32440
TITLE	MGRM
NAME	MESSER, ROXANNE
STREET ADDRESS	1193 HIGHWAY 173
CITY - ST - ZIP	GRACEVILLE, FL 32440
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000693167  
04/16/07-80029-004 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:**

*Roxann Messer* **ROXANN MESSER**

Date

Daytime Phone #

**4-4-07**