2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000007741

1. Entity Name
COIL CUTTERS, L.L.C.

Principal Place of Business	Mailing Address
8501 SABAL INDUSTRIAL BOULEVARD TAMPA, FL 33619	8501 SABAL INDUSTRIAL BOULEVARD TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE

02072006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3660213
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, EVAN R JR.
3209 PARKLAND BLVD.
TAMPA, FL 33609

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	VP
NAME	MOSS, EVAN R III
STREET ADDRESS	3811 W MULLEN AVE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	T
NAME	GILBERT, DENNIS J.
STREET ADDRESS	5312 E. 17TH AVE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
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CITY-ST-ZIP	
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03/08/06-80074-011 50.00

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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: E. R. M III 2-23-06 (813) 621-2039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

EVAN R. MOSS, III