

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90280 016 ****50.00

DOCUMENT # L00000007741

1. Entity Name

COIL CUTTERS, L.L.C.



Principal Place of Business

8501 SABAL INDUSTRIAL BOULEVARD
TAMPA FL 33619

Mailing Address

8501 SABAL INDUSTRIAL BOULEVARD
TAMPA FL 33619



2. Principal Place of Business - No P.O. Box #

8419 Sabal Industrial Blvd

Suite, Apt. #, etc.

3. Mailing Address

8419 Sabal Industrial Blvd

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Tampa, FL

Zip
33619

Country

City & State

Tampa, FL

Zip
33619

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE VP ☐ Delete
NAME MOSS, EVAN R III
STREET ADDRESS 3611 W MULLEN AVE
CITY-ST-ZIP TAMPA FL 33609

TITLE T ☐ Delete
NAME GILBERT, DENNIS J.
STREET ADDRESS 5312 E. 17TH AVE
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify 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 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:

Evan R. Moss, III

Evan R. Moss, III

1-31-07

(813) 621-2039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #