2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L01000004601

1. Entity Name PLASTECH - WELD, LLC



Principal Place of Business

Mailing Address

FILED Mar 05, 2007 8:00 am Secretary of State 03-05-2007 90281 024 ****50.00

90002THM

#189			P.U. BOX 19319 SARASOTA, FL 34276				2000337?				
SARASOTA, FL 34240											
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				<u> </u>		!! !!!! !!!!!		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			0219200	7 Chg-LLC	CR2E0	83 (12/06)		
City & State	e	_	City & State			4. FEI Nur 65.10	nber 085731			plied For t Applicable	
Zip		Country	Zip Coun		try	5 Certificate of Status Desired \$5.00		\$5.00 Add	litional		
	6. Name	and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent					
					Name						
TRACY, C. 2058 CON SARASOT	STITUTIO	N BLVD			Street Address (P.O. Box Number is Not Acceptable)						
OAI (AOO I	A, I E 3-2										
					City		• • • • • • • • • • • • • • • • • • • •	FL	Zip Cod	е	
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											
	Signature, typeo	i or printed name or registered agent a	to the mappingasia.	Hogistore	u Agent alghator	io regardo wien i initiation gr	- 		·		
FI D	ling Fee ue by Ma	is \$50.00 y 1, 2007					Make check payable to Florida Department of State				
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGRM		☐ Delete	TITU					Change	☐ Addition	
NAME STREET ADDRESS		, BONNIE LOU JITVILLE RD., #189		NAM STRI	ET ADDRESS						
CITY-ST-ZIP		TA, FL 34240			-ST-ZIP						
TITLE			☐ Delete	TITL					☐ Change	Addition	
name Street address				NAM	EET ADORESS						
CITY-ST-ZIP					- ST-ZIP						
TITLE	<u> </u>		☐ Delete	TITL	E		•		☐ Change	☐ Addition	
NAME				NAM	i i						
STREET ADORESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP						
TITLE			☐ Delete	TITL	E			• •	☐ Change	☐ Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '- St-ZIP						
TITLE	· -		☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME				NAM	1						
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP						
TITLE			☐ Delete	TITL					☐ Change	☐ Addition	
NAME				NAN					_ •	_	
STREET ADDRESS CITY-ST-ZIP					EET ADORESS						
	1			_ cm	/-ST-ZIP						

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

WHITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE