2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2007
Secretary of State

DOCUMENT# L02000000499

Entity Name: MACHINE CONTROL REPAIR, LLC

Current Principal Place of Business:

920 BROGDEN RD.
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

920 BROGDEN RD.
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 04-3587869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GVC FINANCIAL INC
978 DOUGLAS AVE
SUITE 102
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HARDEE, LARRY B
Address: 920 BROGDEN DR
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Delete
Name: HARDEE, PAULA M
Address: 920 BROGDEN DR
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Delete
Name: HARDEE, DONALD R
Address: 8903 LAKE MABLE DR
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARRY HARDEE MGRM 06/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date