

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014703

1. Entity Name
J & J CUSTOM FABRICATIONS, LLC



Principal Place of Business

11733 66TH ST. N.
SUITE #107
LARGO, FL 33773

Mailing Address

11733 66TH ST. N.
SUITE #107
LARGO, FL 33773

DO NOT WRITE IN THIS SPACE



01292004 No Chg-LLC

CR2EO83 (10/03)

4. FEI Number
30-0085598

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TREXLER, JESSICA L
6095 DUNBEATH ST. N.
ST. PETERSBURG, FL 33709

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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, 2004**

U000000095608
03/24/04-80040-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR TREXLER, JOHN D JR 9271 83RD ST. N. LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR WEBBER, JEFF A 6095 67TH AVE. N. PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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IN THIS SPACE**

I, I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jeff Webber*
Jeff Webber, General Partner

Date *3-22-4*

727-546-8920

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

Day-Phone #