2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# L03000014013

Entity Name: AAA CUSTOM FABRICATION, LLC

Current Principal Place of Business:

1 MANDERLY LANE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1 MANDERLY LANE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 31-1818272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B-1
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

LOGUIDICE, JOE
1515 A RIDGEWOOD AVE
SUITE A
ORMOND BEACH, FL 32174 US

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: JOE LOGUIDICE 03/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: YUNICK, WILLIAM
Address: 1 MANDERLY LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete
Name: YUNICK, SHANNON
Address: 1 MANDERLY LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: D ( ) Change (X) Addition
Name: TOMILSON, ROBERT
Address: 1 MANDERLEY LANE
City-St-Zip: ORMOND BEACH, FL 32174

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: SHANNON YUNICK MGRM 03/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date