2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 01, 2006 08:00 AM Secretary of State DOCUMENT # L03000043022 1. Entity Name **B & L FABRICATION & SALES L.L.C.** Principal Place of Business Mailing Address 487 GOLDKIST BLVD. LIVE OAK FL 32064 16584 100TH PLACE LIVE OAK FL 32060 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-0369208 Not Applicat Zîp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCLELLAND, BILLY 16584 100TH PLACE Street Address (P.O. Box Number is Not Acceptable) LIVE OAK FL 32060 Zip Code FL 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 re-installing) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 8. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR ☐ Delete RITLE ☐ Change ☐ Addition NAME MCCLELLAND, BILLY NAME U00000550293 STREET ADDRESS 16584 100TH PLACE STREET ADDRESS 05/13/06-80054-009 50.00 CITY-ST-ZIP LIVE OAK FL 32060 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete 71**7**LF Change ☐ Addillion NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Titt€ Dolete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 31375 Сhange ☐ Addition MAME SUARTE STREET ADDRESS STREET ADDRESS CKTY-ST-ZIP 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 606, Florida Statutes.

Billy McClelland 4-26-06 (386)362-7429

FILED