

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # L03000045664
1. Entity Name
BEN BURCH WELDING SERVICE LLC



Principal Place of Business 17677 MAHAN DR. TALLAHASSEE, FL 32309	Mailing Address 17677 MAHAN DR. TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE



03262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 35-2219107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURCH, BEN F JR.
17677 MAHAN DR.
TALLAHASSEE, FL 32309

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURCH, BEN F JR. 17677 MAHAN DR. TALLAHASSEE, FL 32309
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04/22/08-80016-024 138.75

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

SIGNATURE: Ben F Burch Jr Ben F Burch Jr 4-2-08 850 545 845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #