# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000049724**

1. Entity Name
MIKE CAMPBELL WELDING & FABRICATION LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1525 WILLIAMS LANDING RD TALLAHASSEE, FL 32310 | 1525 WILLIAMS LANDING RD TALLAHASSEE, FL 32310 |

## DO NOT WRITE IN THIS SPACE

02202008No Chg-LLC          CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 30-0217840 | Not Applicable |

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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**6. Name and Address of Current Registered Agent**

CAMPBELL, MICHAEL R JR
1525 WILLIAMS LANDING RD
TALLAHASSEE, FL 32310

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

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

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | CAMPBELL, MICHAEL R JR |
| STREET ADDRESS | 1525 WILLIAMS LANDING RD |
| CITY-ST-ZIP | TALLAHASSEE, FL 32310 |
| TITLE | |
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U00000834843
02/29/08-80009-009 138.75

### DO NOT WRITE IN THIS SPACE

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: _Michael R Campbell JR_          2/20/08          850-933-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #