


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90104 025 \*\*\*138.75

DOCUMENT # L03000056351					
<b>1. Entity Name</b> JAKE'S WELDING, LLC					
<b>Principal Place of Business</b> CORNER OF S.W. 87 BLVD. & HWY. 441 S.E. OKEECHOBEE, FL 34974			<b>Mailing Address</b> 9053 S.E. 67 WAY OKEECHOBEE, FL 34974		
<b>2. Principal Place of Business - No P.O. Box #</b> 8741 Hwy 441 SE		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Okeechobee, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 90-0130973	
<b>Zip</b> 34974		<b>Country</b> Okeechobee		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STREELMAN, JEFF 9053 S.E. 67 WAY OKEECHOBEE, FL 34974			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM STREELMAN, JEFF 9053 S.W. 67 WAY OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	mgrm STREELMAN, JAKE 9053 SE 67 Way Okeechobee, FL 34974	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM STREELMAN, KAREN 9053 S.W. 67 WAY OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> Karen Streelman			4/21/08 863-634-8171		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		