2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L03000056351

Entity Name: JAKE'S WELDING, LLC

Current Principal Place of Business:

8741 HWY 441 SE
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

9053 S.E. 67 WAY
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 90-0130973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STREELMAN, JEFF
9053 S.E. 67 WAY
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STREELMAN, JEFF
Address: 9053 S.W. 67 WAY
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGRM ( ) Delete
Name: STREELMAN, KAREN
Address: 9053 S.W. 67 WAY
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGRM ( ) Delete
Name: STREELMAN, JAKE
Address: 9053 SE 67 WAY
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES:

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

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

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

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: KAREN STREELMAN MGRM 04/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date