

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056351

Entity Name: JAKE'S WELDING, LLC

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**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  
Name: STREELMAN, JEFF  
Address: 9053 S.W. 67 WAY  
City-St-Zip: OKEECHOBEE, FL 34974

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

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

I hereby 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

03/25/2012

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