FILED
Jun 04, 2007 8:00 am
Secretary of State
05-09-2007 90033 021 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000057196

1. Entity Name
C-WAY WELDMENTS LLC

Principal Place of Business	Mailing Address
4637 NW 8TH AVE OAKLAND PARK FL 33309	4637 NW 8TH AVE OAKLAND PARK FL 33309

1st MOORE CR2E083 (10/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
314 NEW CENTER RD	314 NEW CENTER RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEVIERVILLE, TN.	City & State: SEVIERVILLE, TN
Zip: 37876 Country: US	Zip: 37876 Country: US

4. FEI Number: 24-1883913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, DIANE CPA
8644 NW 29 DR
CORAL GABLES FL 33065

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNELL, DAVID C 8280 NW 66TH TERR TAMARAC FL 33321	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNELL, DAVID C. 314 NEW CENTER RD. SEVEIRVILLE, TN. 37876	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David C. Connell 5-30-07 865-748-3608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #