

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AI)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90250 033 \*\*\*\*50.00

DOCUMENT # L04000024754

1. Entity Name

A & K FABRICATING, L.L.C.



Principal Place of Business

Mailing Address

2941 NORTHWEST 17TH TERRACE  
 OAKLAND PARK FL 33311

2941 NORTHWEST 17TH TERRACE  
 OAKLAND PARK FL 33311

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6466 NW 21st Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARGATE FL

Zip

Country

Zip

Country

33063

USA

4. FEI Number

51-0507802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMBS, ALAN M  
 2941 NORTHWEST 17TH TERRACE  
 OAKLAND PARK FL 33311

Name

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 registering)

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	COMBS, ALAN M	2941 NORTHWEST 17TH TERRACE	FORT LAUDERDALE FL 33311	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-8-07