


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000029989	
1. Entity Name JOHN MICKLER'S WELDING, LLC	

Principal Place of Business 2861 NORTH 6TH STREET ST. AUGUSTINE, FL 32084	Mailing Address 2861 NORTH 6TH STREET ST. AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE



03292006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1019348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MICKLER, JOHN R
2861 NORTH 6TH STREET
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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: *John R. Mickler* 3/29/06 DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000493221
04/19/06-80097-003 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICKLER, JOHN R 2861 N 6TH STREET SAINT AUGUSTINE, FL 32084
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IN THIS SPACE**

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.

SIGNATURE: *John R. Mickler* JOHN R. MICKLER Date 3/29/06 Daytime Phone # 904-82

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