2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 20, 2005 8:00 am
Secretary of State
03-15-2005 90347 008 ****50.00

1st MOORE CR2E083 (10/04)

DOCUMENT # L04000031349

1. Entity Name

FLASH MOBILE WELDING "LLC"

Principal Place of Business	Mailing Address
2032 S 51ST ST. TAMPA FL 33619	2032 S 51ST ST. TAMPA FL 33619

2. Principal Place of Business	3. Mailing Address
1917 N. 60th St	1917 N. 60th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl	City & State: Tampa Fl.
Zip: 33619 Country: Hillsborough	Zip: 33619 Country: Hillsborough

4. FEI Number: 20-2660423 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, JOSEPH H
2032 S 51ST ST.
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name: Joseph H. Morgan

Street Address (P.O. Box Number is Not Acceptable): 1917 N. 60th St

City: Tampa FL Zip Code: 33619

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: Joseph Morgan DATE: 4/12/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORGAN, JOSEPH H		NAME		
STREET ADDRESS	2032 S 51ST ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #