


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

04-13-2005 90218 050 ****55.00

DOCUMENT # L04000033620					
1. Entity Name ON THE SPOT WELDERS L.L.C.					
Principal Place of Business 4912 MENDENHALL DRIVE TAMPA, FL 33603 US			Mailing Address 4912 MENDENHALL DRIVE TAMPA, FL 33603 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 266-65-8136	
				Applied For Not Applicable	
				5. Certificate of Status Desired FL \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUMBHOLZ, LAURENCE P 4912 MENDENHALL DRIVE TAMPA, FL 33603				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing member/owner Laurence P. Krumbholz 4912 mendenhall Drive Tampa, Fla 33603 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Laurence P. Krumbholz</u>			3-1-05 813-873-1022		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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