

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

06-07-2007 90197 013 \*\*\*\*50.00

**DOCUMENT # L04000052533**

1. Entity Name

HOWIE'S WELDING, LLC



Principal Place of Business

157 HAMILTON CIRCLE  
CRESTVIEW FL 32539

Mailing Address

157 HAMILTON CIRCLE  
CRESTVIEW FL 32539

00001061



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

157 Hamilton Cir  
Crestview FL

3. Mailing Address

157 Hamilton Cir  
Crestview FL

2nd MOORE

CR2E083 (4/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Crestview FL

4. FEI Number

20-1399525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

REEVES, HOWARD E JR  
157 HAMILTON CIRCLE  
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name **Howard E Reeves Jr**

Street Address (P.O. Box Number is Not Acceptable)

157 Hamilton Cir  
Crestview FL

City

FL

Zip Code  
32539

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

*Howard E Reeves Jr*

(Signature, typed or printed name of registered agent and file 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 September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME REEVES, HOWARD JR  
STREET ADDRESS 157 HAMILTON CIRCLE  
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of signing managing member, manager, or authorized representative)

Date

Printing Phone #

5-31-07