2005 LIMITED LIABILITY COMPANY -ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State
05-10-2005 90047 003 ****50.00

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1. Entity Name
HICKS WELDING, L.L.C.

Principal Place of Business	Mailing Address
8078 BRADELY ROAD ANDALUSIA, AL 36420	8078 BRADELY ROAD ANDALUSIA, AL 36420

04132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
8078 Bradley Rd	8078 Bradley Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Andalusia AL.	City & State: Andalusia AL
Zip: 36420 Country:	Zip: 36420 Country:

4. FEI Number: 41-2152044 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LABELLE, THERESA 3510 ASHMORE LANE PACE, FL 32571	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR LABELLE, THERESA 8078 BRADELY ROAD ANDALUSIA, AL 36420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HICKS, PAUL 8078 BRADELY ROAD ANDALUSIA, AL 36420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LABELLE, DAVID S 8078 BRADELY ROAD ANDALUSIA, AL 36420	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Paul Hicks Paul L Hicks 05/06/05 251-867-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #