

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075812 1. Entity Name DAMRON GAS PIPING AND REPAIR LLC	
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Principal Place of Business 322 ROSYLN AVENUE NEW SMYRNA BEACH, FL 32168	Mailing Address 322 ROSYLN AVENUE NEW SMYRNA BEACH, FL 32168
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02072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1797505	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAMRON, EUGENE 322 ROSYLN AVENUE NEW SMYRNA BEACH, FL 32168

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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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when terminating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAMRON, EUGENE 322 ROSYLN AVENUE NEW SMYRNA BEACH, FL 32168
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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: <i>Eugene Damron</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date _____ Date	Daytime Phone # _____ Daytime Phone #
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