2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 23, 2006 8:00 am Secretary of State

DOCUMENT # L0400093410 1. Entity Name PRYCE MOBILE WELDING LLC				03-23-2006 90271 019 ****55.00
Principal Place	e of Business	Mailing Address		
833 NW 45TI	H STREET RK, FL 33309	2520 NW 47TH AVENUE LAUDERHILL, FL 33313	_	
UARLAND PA	rr, rl 33309	~~~	,	
2. Principal P	lace of Business	3. Mailing Address		
,				\$ 10041017 937 00111 05013 00133 00311 00135 10210 00136 1114 01007 3704 061006 111 1801
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042006 Chg-LLC CR2E083 (11/05)
City & State	9	City & State		4. FEI Number Applied For 20 – 20 5 3 3 8 5 Not Applied abl
Zip	Country	Zip	Country	5 Certificate of Status Desired \$5.00 Additional
	्र र ं। 6. Name and Address of Current R	legistered Agent	1	7. Name and Address of New Registered Agent
. 1 th			Name	
PRYCE, DOUETTE 222 NW MAGNOLIA LAKES BLVD			Street Address	s (P.O. Box Number is Not Acceptable)
FORISI	, , , , , , , , , , , , , , , , , , ,			
			City	FL Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
	ions or registered agent.			
SIGNATURÉ .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State
9.	MANAGING MEMBER	RS/MANAGERS	10.	
TITLE	MGRM			ADDITIONS/CHANGES
NAME STREET ADDRESS		☐ Delete	TITLE	ADDITIONS/CHANGES Change Additio
	PRYCE, HENRY SR. 2520 NW 47TH AVENUE	☐ Delete		
CITY-ST-ZIP	1 · · · · · · · · · · · · · · · · · · ·	□ Delete	TITLE NAME	
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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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954-494-3630