

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001884

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: ADVANCED METAL WORKS, LLC

**Current Principal Place of Business:**

19925 S.E. HAWTHORNE RD.  
BLDG B.  
HAWTHORNE, FL 32640 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 47  
EARLETON, FL 32631

**New Mailing Address:**

FEI Number: 20-2133084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEGGS, JODY B MGR  
19925 SE HAWTHORNE ROAD  
BUILDING B  
HAWTHORNE, FL 32640 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALKO, LANCE G  
Address: 12910 NW 140TH STREET  
City-St-Zip: ALACHUA, FL 32615

Title: MGR ( ) Delete  
Name: BEGGS, JODY B  
Address: P. O. BOX 47  
City-St-Zip: EARLETON, FL 32631 US

Title: MGR ( ) Delete  
Name: WALKO, KEITH T  
Address: PO BOX 47  
City-St-Zip: EARLETON, FL 32631

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JODY BEGGS

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date