

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

7. Aug 10, 2006 8:00 am
Secretary of State

07-13-2006 90080 020 ****55.00

DOCUMENT # L05000025928

1. Entity Name
OTTO WELDING, LLC



Principal Place of Business
2289 SOUTH WALLEN DRIVE
PALM BEACH GARDENS, FL 33410 US

Mailing Address
2289 SOUTH WALLEN DRIVE
PALM BEACH GARDENS, FL 33410 US

2. Principal Place of Business
17437 Lee Road
Suite, Apt. #, etc.

3. Mailing Address
17437 Lee Road
Suite, Apt. #, etc.



07102008 Chg-LLC CR2E083 (11/05)

City & State
Fort Myers, Florida
Zip 33912 Country USA

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Fort Myers, Florida
Zip 33912 Country USA

4. FEI Number
20-2503632
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
OTTO, LESLIE
17437 LEE ROAD
FORT MYERS, FL 33912

7. Name and Address of New Registered Agent
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 Leslie Otto DATE 7/10/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	MANAGING EMPLOYEES ONLY <input checked="" type="checkbox"/> Delete
NAME	OTTO, GRANT
STREET ADDRESS	2289 SOUTH WALLEN DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	OWNER/INTELLIGENT <input type="checkbox"/> Delete
NAME	LESLIE OTTO
STREET ADDRESS	17437 LEE RD
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	MANAGER-EMPLOYEE ONLY <input type="checkbox"/> Delete
NAME	GRANT OTTO
STREET ADDRESS	17437 LEE RD
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Leslie Otto DATE 7/10/2006
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE