

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90096 035 ***138.75

DOCUMENT # L05000028784

1. Entity Name

ANTHONY WRIGHT WELDING LLC



Principal Place of Business

10975 OLD WOODVILLE RD
TALLAHASSEE FL 32305

Mailing Address

104 STACIA ST
TALLAHASSEE FL 32305

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

311 Ross Rd

Suite, Apt. #, etc.

City & State

Tall, FL

City & State

Zip

32305

Country

USA

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, ANTHONY A
10975 OLD WOODVILLE RD
TALLAHASSEE FL 32305

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

Signature, typed or printed name of registered agent and if it is applicable

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WRIGHT, ANTHONY A
STREET ADDRESS 104 STACIA ST
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

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

DATE

Daytime Phone

1-24-08