2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

Change

Addition

DOCUMENT # L05000033311 1. Entity Name WALERT WELDING & FABRICATION, LLC							05-03-2006 9	90033 048 ****50	0.00
Principal Place of Business 1635 N DALE MABRY HWY SUITE 14 LUTZ, FL 33548 Mailing Address 7052 RYMAN LOOP ZEPHYRHILLS, FL 3354							D BRISL BING BENG BENG BEN		1691 W 1881
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04012006	Chg-LLC	CR2E083 (11/05)	
City & State			City & State		4. FEI Numb	042560	├	oplied For ot Applicable	
Zip	Country		Zip	Country			e of Status Desired	S5.00 Add	
	6. Name and A	ddress of Curren	t Registered Agent			7. Name an	d Address of New R	egistered Agent	
					Name				
WALERT, NORMAN C 7052 RYMAN LOOP				ŀ	Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
ZEPHYRHILLS, FL 33540									
City								FL Zip Cod	е
			or the purpose of changing its	registere	d office or regis	tered agent, or b	oth, in the State of Flo	rida. I am familiar with,	and accept
the obligat	tions of registered a	gent.							
SIGNATURE .	Signature, typed or printed	I name of registered ager	nt and title il applicable. (NOT	E: Registered	Agent signature requ	ared when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State			
· 9.		ANIAGING MEME	ERS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGR 🐕	MANAGING INCOME	Defete	TITLE	····		ADDITIONS	☐ Change	Addition
NAME	WALERT, NOR	MAN C		NAME	I				_
STREET ADDRESS	7052 RYMAN L				T ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS,	FL 33540			ST-ZIP				
TITLE			☐ Delete	TITLE	I			Change	☐ Addition
STREET ADDRESS			\		T ADORESS				
CITY-ST-ZIP	1			CITY-	ST-ZIP				
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NAME				NAME	1				
STREET ADDRESS					ST-ZIP				
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NAME			L Desire	NAME	l l				

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.

Delete

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

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

Date

Date

Description Priore 8

· Tr

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS