

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000044361

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** TIM WOLFE MOBILE WELDING LLC

**Current Principal Place of Business:**

1860 NE 62 ST  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

1860 NE 62 ST  
OCALA, FL 34479

**New Mailing Address:**

**FEI Number:** 84-1678662      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WOLFE, TIMOTHY L  
1860 NE 62 ST  
OCALA, FL 34479    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:** CEO  
**Name:** WOLFE, TIMOTHY L  
**Address:** 1860 NE 62 ST  
**City-St-Zip:** Ocala, FL 34479

I hereby 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: TIMOTHY L WOLFE      CEO      02/10/2010

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