

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000045341

1. Entity Name
ON DEMAND WELDING, LLC



Principal Place of Business
644 POLK AVE
PENSACOLA, FL 32507 US

Mailing Address
644 POLK AVE
PENSACOLA, FL 32507 US

DO NOT WRITE IN THIS SPACE



07082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2822427

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISCHER, GERALD F
644 POLK AVE
PENSACOLA, FL 32507

**DO NOT WRITE
IN THIS SPACE**

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 X *Gerald F. Fischer* GERALD F. FISCHER 7/10/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FISCHER, GERALD F 644 POLK AVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FISCHER, JENNIFER 644 POLK AVE PENSACOLA, FL 32507
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07/16/08-80001-024 143.75

**DO NOT WRITE
IN THIS SPACE**

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: *Jennifer Fischer* JENNIFER FISCHER 7/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

850-572-4917