

2007

L05000049978

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 16 PM 4:32

DOCUMENT # L05000049978

1. Entity Name
DUPREE WELDING & FABRICATION LLCPrincipal Place of Business
3811 EMERALD AVE
ST JAMES CITY, FL 33956Mailing Address
3811 EMERALD AVE
ST JAMES CITY, FL 339562. Principal Place of Business - No P.O. Box #
8289 SILVER BIRCH WAY3. Mailing Address
8289 SILVER BIRCH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05222007 REIN-LLC CR2E101 (1/07)

City & State
LEHIGH ACRES FLCity & State
LEHIGH ACRES FL4. FFI Number
20-5683062Applied For
Not ApplicableZip
33971Country
USAZip
33971Country
USA5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUPREE, JEFFRY S
~~3811 EMERALD AVE~~ 8289 SILVER BIRCH WAY
~~ST JAMES CITY, FL 33956~~ LEHIGH ACRES FL
~~XXXXXXXXXXXXXXX~~ 33971Name
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 *Jeffrey Dupree*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$100.00

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DUPREE, JEFFRY S
STREET ADDRESS 3811 EMERALD AVE
CITY-ST-ZIP ST JAMES CITY, FL 33956TITLE MGRM ☒ Change ☐ Addition
NAME DUPREE, JEFFRY S
STREET ADDRESS 8289 SILVER BIRCH WAY
CITY-ST-ZIP LEHIGH ACRES FL 33971TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME 700106353507
STREET ADDRESS 07/18/07--01055--009
CITY-ST-ZIP **100.00TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME BLT
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 2006-07

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: *Jeffrey Dupree*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

x 5/22/07

Date

x 239-280-9053

Daytime Phone #