

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000058972**

1. Entity Name  
**STEVE REEP WELDING, LLC**



Principal Place of Business

**464 NE 71ST TERRACE  
OCALA, FL 34470**

Mailing Address

**464 NE 71ST TERRACE  
OCALA, FL 34470**



01052008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2998333**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**REEP, STEVE  
464 NE 71ST TERRACE  
OCALA, FL 34470**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEB IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REEP, STEVE
STREET ADDRESS	464 NE 71ST TERRACE
CITY- ST- ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000840478  
03/06/08-80047-022 138.75

**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:**

*Steve A Reep*

*Steven A. Reep*

Date

Daytime Phone

*1/18/08 352-875-4271*