

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068319

FILED  
Jul 16, 2008  
Secretary of State

**Entity Name:** HODGES WELDING AND FABRICATION, LLC

**Current Principal Place of Business:**

7116B SINGLETON COURT  
PANAMA CITY, FL 32404 US

**New Principal Place of Business:**

1542 MCKENZIE ROAD  
SOUTHPORT, FL 32409 US

**Current Mailing Address:**

7116B SINGLETON COURT  
PANAMA CITY, FL 32404 US

**New Mailing Address:**

2002 WINDJAMMER DRIVE  
LYNN HAVEN, FL 32444 US

FEI Number: 14-1933580      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HODGES, FOX H  
7116B SINGLETON COURT  
PANAMA CITY, FL 32404 US

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

HODGES, FOX H  
2002 WINDJAMMER DRIVE  
LYNN HAVEN, FL 32444 US

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: FOX H. HODGES

07/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HODGES, FOX H  
Address: 7116B SINGLETON COURT  
City-St-Zip: PANAMA CITY, FL 32404 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HODGES, FOX H  
Address: 2002 WINDJAMMER DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FOX H. HODGES

MGR

07/16/2008

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