2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 14, 2006 8:00 am
Secretary of State
08-28-2006 90108 001 ****55.00

DOCUMENT # L05000069356

1. Entity Name
FRANK NORTON WELDING LLC

Principal Place of Business	Mailing Address
1381 HALSEMA RD N JACKSONVILLE FL 32220	1381 HALSEMA RD N JACKSONVILLE FL 32220

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (4/06)

4. FEI Number: 20-3110549 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTON, FRANK
1381 HALSEMA RD N
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

Name
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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTON, FRANK 1381 HALSEMA RD N JACKSONVILLE FL 32220	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Frank Norton FRANK NORTON — 8-23-06 — 904-783-2317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #