


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90004 024 ***138.75

DOCUMENT # L05000074092 1. Entity Name VICTOR'S LATHE LLC					
Principal Place of Business 309 LAKE VILLA WAY HAINES CITY, FL 33844 US			Mailing Address 309 LAKE VILLA WAY HAINES CITY, FL 33844 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 754			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Clarcona FL			
Zip	Country	Zip 32710	Country		
4. FEI Number 26-3002585			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A DELTONA, FL 32725			7. Name and Address of New Registered Agent Name Victor H Torres-Orozco Street Address (P.O. Box Number is Not Acceptable) 309 Lake Villa Way City Haines City FL Zip Code 33844		
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: <u><i>Victor H Torres-Orozco</i></u> (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.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, VICTOR H 309 LAKE VILLA WAY HAINES CITY, FL 33844 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Victor H Torres-Orozco</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			7/18/08 Date Daytime Phone #		

ATTACHMENT
50009024
**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/ REGISTERED OFFICER**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 FLORIDA STATUS, THE UNDERSIGNED CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICER/ REGISTER AGENT, IN THE STATE OF FLORIDA.

1-) THE NAME OF THE CORPORATION IS:

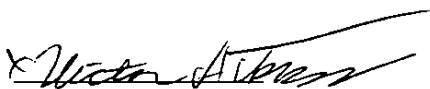
VICTOR'S LATHE LLC

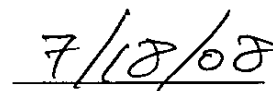
2-) THE NAME AND ADDRESS OF THE REGISTER AGENT/OFFICER IS:

Victor H Torres - Orozco
309 Lake Villa Way
Haines City, FL 33844

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


Signature


Date