

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000085382

**FILED**  
**Dec 21, 2007**  
**Secretary of State**

**Entity Name:** JACK L. MCGOWAN PORTABLE WELDING SERVICE, LLC

**Current Principal Place of Business:**

949 WAGNER PLACE  
FT. PIERCE, FL 34954

**New Principal Place of Business:**

**Current Mailing Address:**

949 WAGNER PLACE  
FT. PIERCE, FL 34954

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

AKINS, RUSSELL  
101 N. US HWY 1 209 ARCADE BLDG.  
SMITH ALONSO & AKINS  
FT. PIERCE, FL 34950 US

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

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: RUSSELL AKINS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCGOWAN, JACK L  
Address: P.O. BOX 637  
City-St-Zip: FT. PIERCE, FL 34954

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCGOWAN, JACK L  
Address: 7204 S. INDIAN RIVER DR.  
City-St-Zip: FT. PIERCE, FL 34982

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: JACK L. MCGOWAN

MGRM

12/21/2007

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