


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90140 042 ****50.00

DOCUMENT # L05000123038	
1. Entity Name PREMIER FABRICATING & STAMPING, LLC	

Principal Place of Business 322 S. STREET PLYMOUTH, CT 06782	Mailing Address ROBERT D. ROYSTON, JR. COSTELLO & ROYST P.O. DRAWER 60205 FY MYERS, FL 33906
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60025359



2. Principal Place of Business - No P.O. Box # 232 Dunbar Court	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Oldsmar, FL	City & State
Zip 34677	Country

01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3996614	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	
ROYSTON, ROBERT D 12670 NEW BRITTANY BLVD., STE. 101 FT MYERS, FL 33907	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGAN, CHARLES D 322 S. STREET PLYMOUTH, CT 06782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	232 Dunbar Court Oldsmar, FL 34677 <input checked="" 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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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: _____ *[Signature]* **2/26/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #