

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90306 050 \*\*\*138.75

DOCUMENT # L05000123038			
1. Entity Name PREMIER FABRICATING & STAMPING, LLC			
Principal Place of Business 232 DUNBAR CT OLDSMAR, FL 34677		Mailing Address ROBERT D. ROYSTON, JR. COSTELLO & ROYST P.O. DRAWER 60205 FY MYERS, FL 33906	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Drawer 60205	
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o John M. Wicker, P.A.	
City & State		City & State Fort Myers FL	
Zip	Country	Zip	Country
33906		33906	Lee
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		7. Name and Address of New Registered Agent	
ROYSTON, ROBERT D 12670 NEW BRITTANY BLVD., STE. 101 FT MYERS, FL 33907		Name JOHN M. WICKER, P.A. Street / 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City 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 \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGAN, CHARLES D 232 DUNBAR CT OLDSMAR, FL 34677 <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: 		Date: CHARLES D. HAGAN 4/17/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 813-855-4633	