


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000047158**  
 1. Entity Name  
**DAVID TOWNSEND MOBILE WELDING, LLC**



Principal Place of Business Mailing Address  
 184 SW HIDE PL 184 SW HIDE PL  
 PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34953  
 US US



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

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent  
**TOWNSEND, DAVID**  
**184 SW HIDE PL**  
**PORT ST LUCIE FL 34953**

4. FEI Number **20-4832136** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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 Agents (natural) required when registering) DATE \_\_\_\_\_

**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

| TITLE | NAME            | STREET ADDRESS | CITY - ST - ZIP        | <input type="checkbox"/> Delete |
|-------|-----------------|----------------|------------------------|---------------------------------|
| MGRM  | TOWNSEND, DAVID | 184 SW HIDE PL | PORT ST LUCIE FL 34953 | <input type="checkbox"/>        |
|       |                 |                |                        | <input type="checkbox"/>        |
|       |                 |                |                        | <input type="checkbox"/>        |
|       |                 |                |                        | <input type="checkbox"/>        |
|       |                 |                |                        | <input type="checkbox"/>        |

10. ADDITIONS / CHANGES

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David W Townsend **DAVID W TOWNSEND** 2-10-08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE