

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) -

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90195 009 \*\*\*\*\*50.00

DOCUMENT # L06000083681

1. Entity Name

J'S MOBILE WELDING, LLC



Principal Place of Business

Mailing Address

850 FORD ROAD  
LABELLE FL 33935

P.O. BOX 2549  
LABELLE FL 33975



2. Principal Place of Business / No P.O. Box #

850 Ford Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2549

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

LABELLE, Florida

Zip

33935

Country

HENDRY

City & State

LABELLE, Florida

Zip

33975

Country

HENDRY

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCUBBIN, JOHN J  
850 FORD ROAD  
LABELLE FL 33935

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MCCUBBIN, JOHN J  
850 FORD ROAD  
LABELLE FL 33935 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-27-07 863 673 4709