

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

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90151 037 ***138.75

DOCUMENT # L06000083681

1. Entity Name

J'S MOBILE WELDING, LLC



Principal Place of Business

850 FORD ROAD
LABELLE FL 33935
*NEW NAME
of Road
(FORREY DR)*

Mailing Address

P.O. BOX 2549
LABELLE FL 33975



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

850 FORREY DR.

3. Mailing Address

P.O. Box 2549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

LABELLE, FL

City & State

LABELLE, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33935

Country

HENDRY

Zip

33975

Country

HENDRY

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MCCUBBIN, JOHN J
850 FORD ROAD
LABELLE FL 33935

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

John J. Cubbin

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

4-3-08

Date

863.673.4704

Daytime Phone #