

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90133 030 ****55.00

DOCUMENT # L06000084894					
1. Entity Name PRECISION WELDING & FABRICATION OF CENTRAL FLORIDA, LLC					
Principal Place of Business 35 JUNIPER LOOP CIR OCALA, FL 34480			Mailing Address 35 JUNIPER LOOP CIR OCALA, FL 34480		
2. Principal Place of Business - No P.O. Box # 6740 SE 110th St		3. Mailing Address 6740 SE 110th St			
Suite, Apt. #, etc. Unit 402		Suite, Apt. #, etc. Unit 402			
City & State Belleview FL		City & State Belleview, FL		01082007 Chg-LLC CR2E083 (12/06)	
Zip 34420		Country USA		4. FEI Number 20-5454081	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEBB, JAMES D 3740 SE 110TH STREET UNIT 402 BELLEVIEW, FL 34420 6740			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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME DOUGLAS, JAMES STREET ADDRESS 35 JUNIPER LOOP CIR CITY-ST-ZIP OCALA, FL 34480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 6740 SE 110th St Unit 402 CITY-ST-ZIP Belleview Florida 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME PULLIAM, ALICE L STREET ADDRESS 35 JUNIPER LOOP CIR CITY-ST-ZIP OCALA, FL 34480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 6740 SE 110th St Unit 402 CITY-ST-ZIP Belleview FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME Locke, Nelson STREET ADDRESS 6740 SE 110th St Unit 402 CITY-ST-ZIP Belleview FL 34420	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" 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	
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	
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: _____			3-7-07 352-427-6704		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		