

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098632

**FILED**  
**Jan 09, 2007**  
**Secretary of State**

**Entity Name:** MCCLURE'S WELDING AND FABRICATION, LLC

**Current Principal Place of Business:**

420 DELAWARE AVENUE  
ST CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

420 DELAWARE AVENUE  
ST CLOUD, FL 34769 US

**New Mailing Address:**

FEI Number: 20-5682997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

MCCLURE, TROY B  
420 DELAWARE AEVNUE  
ST. CLOUD, FL 34769 US

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.

SIGNATURE: TROY B. MCCLURE

01/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCCLURE, TROY  
Address: 420 DELAWARE AVENUE  
City-St-Zip: ST CLOUD, FL 34769 US

Title: MGRM ( ) Delete  
Name: MCCLURE, AMY  
Address: 420 DELAWARE AVENUE  
City-St-Zip: ST CLOUD, FL 34769 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TROY B. MCCLURE

MGRM

01/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date