## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Aug 20, 2007 8:00 am Secretary of State 07-24-2007 90011 003 \*\*\*\*50 00 **DOCUMENT # L06000101852** 1. Entity Name WEBER WELDING, LLC Principal Place of Business Mailing Address 30012414 5373 TICONDEROGA ROAD 5373 TICONDEROGA ROAD MILTON, FL 32570 US MILTON, FL 32570 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5734246 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEBER, RANDALL Street Address (P.O. Box Number is Not Acceptable) 5373 TICONDEROGA ROAD MILTON, FL 32570 City 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 II applicable. (NOTE: Registered Agent algreture required when rematating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Addition TITLE ☐ Delete TALLE ☐ Change WEBER, RANDALL MARKET MALE STREET ADDRESS 5373 TICONDEROGA ROAD STREET ADDRESS MILTON, FL 32570 CITY-ST-ZIP CITY-ST-77P MGRM Delete ☐ Change ☐ Addition TITLE WEBER, COLLEEN NAME NAME STREET ADDRESS 5373 TICONDEROGA ROAD STREET ADDRESS CITY-ST-ZIP MILTON, FL 32570 CITY-ST-ZIP MGRM ☐ Change ☐ Deteta M Addition TITLE TITLE WEBER, EDWARD KENNETH NAME NAME 5373 TICONDEROGA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-77 MILTON, FL 32570 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NUME NALE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE ME NAME KME STREET ADDRESS STREET ADDRESS C11Y-51-20P CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZP 11. I hereby certify that the information supplied with this filling 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.

**FILED**