

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90028 022 \*\*\*138.75

<b>DOCUMENT # L06000101852</b> 1. Entity Name <b>WEBER WELDING, LLC</b>					
Principal Place of Business <b>4743</b> <del>5373 TICONDEROGA ROAD</del> <b>Hamilton</b> <del>MILTON, FL 32570</del> <b>US Bridge Rd.</b> <b>32571</b>		Mailing Address <b>4743</b> <del>5373 TICONDEROGA ROAD</del> <b>Hamilton</b> <del>MILTON, FL 32570</del> <b>US Bridge Rd.</b> <b>32571</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WEBER, RANDALL</b> <del>5373 TICONDEROGA ROAD</del> <b>4743 Hamilton</b> <del>MILTON, FL 32570</del> <b>Bridge Rd.</b> <b>32571</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$138.75</b>  <b>After May 1, 2008 Fee will be \$538.75</b> </div> <div style="width: 60%; text-align: center;"> <b>Make check payable to</b>  <b>Florida Department of State</b> </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>WEBER, RANDALL</b> <del>5373 TICONDEROGA RD</del> <b>4743 Hamilton</b> <del>MILTON, FL 32570</del> <b>Bridge Rd.</b> <b>32571</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>WEBER, COLLEEN</b> <del>5373 TICONDEROGA RD</del> <b>Same As Above</b> <del>MILTON, FL 32570</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>WEBER, EDWARD K</b> <del>5373 TICONDEROGA RD</del> <b>Same As Above</b> <del>MILTON, FL 32570</del>		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	
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 606, Florida Statutes.					
<b>SIGNATURE:</b> <u>Randall Weber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>04/28/08</u> <u>8503934925</u> <small>Date Daytime Phone #</small>		

60037155



04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5736240**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required