


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90065 021 ****55.00

DOCUMENT # L06000104734 1. Entity Name SOUTHEASTERN WELDCO LLC					
Principal Place of Business 4702 WAREHOUSE ROAD TALLAHASSEE, FL 32305			Mailing Address 4702 WAREHOUSE ROAD TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07032007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 205834457	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILKES, BROWARD W 4702 WAREHOUSE ROAD TALLAHASSEE, FL 32305				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILKES, BROWARD W 4702 WAREHOUSE ROAD TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>B. Wilkes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7/05/07 <small>Date</small>		
<small>Daytime Phone #</small>					