


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90036 013 ***143.75

DOCUMENT # L07000072277	
1. Entity Name SOUTHERN REPAIR & FABRICATION, LLC	

Principal Place of Business 204 2ND AVENUE SATSUMA, FL 32189	Mailing Address P.O. BOX 1297 SAN MATEO, FL 32187
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2. Principal Place of Business - No P.O. Box # 204 2nd Avenue	3. Mailing Address P.O. Box 1297
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Satsuma, FL.	City & State San Mateo, FL.
Zip 32189	Zip 32187
Country U.S.A.	Country U.S.A.

60034688



03112008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied for	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent YELVINGTON, RICHARD E 204 2ND AVENUE SATSUMA, FL 32189	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YELVINGTON, RICHARD E 204 2ND AVENUE SATSUMA, FL 32189 <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: Richard E. Yelvington Richard E. Yelvington (Manager) 4/25/08 (386) 937-7690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #