# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 26, 2008**
**Secretary of State**

DOCUMENT# L07000125268

**Entity Name:** CENTRAL FLORIDA SHEET METAL AND WELDING, LLC

**Current Principal Place of Business:**

6105 W THONOTOSASSA RD
PLANT CITY, FL 33565 US

**New Principal Place of Business:**

**Current Mailing Address:**

6105 W THONOTOSASSA RD
PLANT CITY, FL 33565 US

**New Mailing Address:**

**FEI Number: 83-0501388** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

PATTON, APRIL L
6105 W THONOTOSASSA RD
PLANT CITY, FL 33565 US

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

WOOD, JAMES D
6105 W THONOTOSASSA RD
PLANT CITY, FL 33565 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: JAMES D. WOOD 02/26/2008
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: WOOD, JAMES
Address: 6105 W THONOTOSASSA RD
City-St-Zip: PLANT CITY, FL 33565 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition
Name: WOOD, JAMES D
Address: 6105 W THONOTOSASSA RD
City-St-Zip: PLANT CITY, FL 33565 US

Title: VP ( ) Change (X) Addition
Name: WOOD, GLENDA L
Address: 6105 W. THONOTOSASSA RD
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify 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: JAMES D WOOD PRES 02/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date