

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126383

FILED
Apr 20, 2009
Secretary of State

Entity Name: GIDDENS MOBILE WELDING SERVICE, LLC.

Current Principal Place of Business:

9206 BRIDLEWOOD DR.
ODESSA, FL 33556 US

New Principal Place of Business:

15550 OLD OLGA ROAD
ALVA, FL 33920 US

Current Mailing Address:

9206 BRIDLEWOOD DR.
ODESSA, FL 33556 US

New Mailing Address:

15550 OLD OLGA ROAD
ALVA, FL 33920 US

FEI Number: 26-1611352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

GIDDENS, PATRICIA
15550 OLD OLGA ROAD
ALVA, FL 33920 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: PATRICIA GIDDENS

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIDDENS, ROBERT JR
Address: 15550 OLD OLGA ROAD
City-St-Zip: ALVA, FL 33920 US

Title: MGRM () Delete
Name: GIDDENS, PATRICIA
Address: 15550 OLD OLGA ROAD
City-St-Zip: ALVA, FL 33920 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA GIDDENS

MGRM

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date