

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032219

FILED  
Feb 16, 2012  
Secretary of State

Entity Name: FLOW CONTROL AND HANDLING LLC

**Current Principal Place of Business:**

2832 NW 72 AVENUE  
MIAMI, FL 33122

**New Principal Place of Business:**

12555 ORANGE DR  
SUITE 254  
DAVIE, FL 33330

**Current Mailing Address:**

1090 SUNFLOWER CIRC  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 26-4634235      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ECHEVERRY, CATALINA  
1090 SUNFLOWER CIR  
WESTON, FL 33327      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ECHEVERRY, CATALINA  
Address: 1090 SUNFLOWER CIR  
City-St-Zip: WESTON, FL 33327

Title: MGRM  
Name: JARAMILLO, HECTOR RAUL  
Address: 12555 ORANGE DR, SUITE 254  
City-St-Zip: DAVIE, FL 33330

Title: MGR  
Name: LLANO, CARLOS  
Address: 12555 ORANGE DR, SUITE 254  
City-St-Zip: DAVIE, FL 33330

Title: D-PS  
Name: ECHEVERRY, CATALINA  
Address: 1090 SUNFLOWER CIRC  
City-St-Zip: WESTON, FL 33327

Title: DVP  
Name: JARAMILLO, HECTOR RAUL  
Address: 12555 ORANGE DR, SUITE 254  
City-St-Zip: DAVIE, FL 33330

Title: DVP  
Name: LLANO, CARLOS  
Address: 12555 ORANGE DR, SUITE 254  
City-St-Zip: DAVIE, FL 33330

I hereby 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: CATALINA ECHEVERRY

MGRM

02/16/2012

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