

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED ^{LR} 4/29

98 APR 27 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L 96000001000**

Fabrication Production Management, L.C.

1a. Principal Place of Business Address

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33904

Lee

3. Date Organized or Qualified

3a. State of Formation

09/23/1996

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0691018

5. Date of Last Report

6. Certificate of Status Desired

2-4-97

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

*DIETZ, RALPH
5347 DELMONTE CT.
CAPE CORAL, FL. 33904*

Name

Thomas W. Hill

Street Address (P.O. Box Number is Not Acceptable)

1318 Lafayette St.

Suite, Apt. #, etc.

Cape Coral

City

FL

Zip Code

33904

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE ☒

Thomas W. Hill

DATE

4-22-98

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	POTHOFF, JOACHIM	1318 Lafayette St.	Cape Coral, FL 33904
MEM	ZOROVNIK, GERHARD	" " "	" " " "
MEM	HILL, THOMAS	" " "	" " " "

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: ☒

Thomas W. Hill

Thomas W. Hill

4-22-98

(941) 549-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #