

FILED
May 27, 2002 8:00 am
Secretary of State

05-01-2002 91552 002 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000008412 ✓
1. Entity Name
Craftsman machinery & Hydraulics, LLC

DO NOT WRITE IN THIS SPACE



86605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 S. Myrick St.
Suite, Apt. #, etc.

3. Mailing Address
100 S. Myrick St.
Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number
59-3664993

Applied For
 Not Applicable

Zip
32505

Country
Escambia

Zip
32505

Country
Escambia

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Hiles-McLeod Insurance

Street Address (P.O. Box Number is Not Acceptable)
100 North 9th Ave.

City Pensacola FL Zip Code 32503

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and date if applicable.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Patrick S. Sullivan
414 Bay Blvd.
Pensacola, Fla. 32503

TITLE
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Pat Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)