

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014494

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: BUD'S WRECKING YARD LLC

**Current Principal Place of Business:**

19919 HWY 301 NORTH  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

19919 HWY 301 NORTH  
DADE CITY, FL 33523

**New Mailing Address:**

FEI Number: 74-3158615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANDERSON, SHEILA  
13851 US HWY 98 BYPASS  
DADE CITY, FL 33525 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 ( ) Delete  
Name: SANDERSON, CLAUDE D  
Address: 13851 US HWY 98 BYPASS  
City-St-Zip: DADE CITY, FL 33525

Title: MGRM ( ) Delete  
Name: SANDERSON, SHEILA  
Address: 13851 US HWY 98 BYPASS  
City-St-Zip: DADE CITY, FL 33525

**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: SHEILA SANDERSON

MGRM

03/27/2009

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