


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90255 048 \*\*\*\*55.00

<b>DOCUMENT # L04000087514</b>			
1. Entity Name 10 POINT TRACTOR SERVICE, LLC			
Principal Place of Business 10279 SW GRAPE AVENUE ARCADIA, FL 34266 US		Mailing Address <del>10279 SW GRAPE AVENUE</del> <del>ARCADIA, FL 34266 US</del>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 261	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Ogden FL	
Zip	Country	Zip	Country
34266		34267	Desoto
4. FEI Number 20-1958082		Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMES, ANDREW T CPA,CFP 128 W OAK STREET ARCADIA, FL 34266		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSLEY, JODY A 10279 SW GRAPE AVE ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jody Mosley</u>		Date: <u>5-1-07</u> Daytime Phone #: <u>990-2683</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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