


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000031410 1. Entity Name EZ PULL TRAILERS, LLC	
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Principal Place of Business 6532 WEST GULF TO LAKE HWY CRYSTAL RIVER, FL 34429 US	Mailing Address 6532 WEST GULF TO LAKE HWY CRYSTAL RIVER, FL 34429 US
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02042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2106554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAESEKER, WILLIAM
9137 NORTH MATSONFORD AVENUE
DUNNELLON, FL 34433**

**DO NOT WRITE
IN THIS SPACE**

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 WILLIAM HAESEKER 02-08-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAESEKER, WILLIAM 9137 NORTH MATSONFORD AVENUE DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAESEKER, PATRICIA 9137 NORTH MATSONFORD AVENUE DUNNELLON, FL 34433
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02/21/08-80071-020 143.75

**DO NOT WRITE
IN THIS SPACE**

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: William Haeseker 02-08-08 352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #