

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Jan 11, 2006 08:00 AM

Secretary of State

DOCUMENT # L00000006765

1. Entity Name
EQUIPMENT USA, LLC



Principal Place of Business

**4420 N. CORTEZ
TAMPA, FL 33624**

Mailing Address

**PO BOX 270479
TAMPA, FL 33688**



01072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3652814

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONTEITH, LARRY L
4144 NORTHMEADOW CIRCLE
TAMPA, FL 33624**

**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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registration)

1/9/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000383021
01/12/06-80037-005 50.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MONTEITH, GLORIA J
4144 N MEADOW CIRCLE
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature] **LARRY L. MONTEITH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/9/06 8132642432
DATE DAYTIME PHONE #