


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90079 012 ***138.75

DOCUMENT # L00000008550					
1. Entity Name STATEWIDE HARVESTING & HAULING, L.L.C.					
Principal Place of Business 111 FIRST STREET NORTH DUNDEE, FL 33838			Mailing Address P. O. BOX 1804 DUNDEE, FL 33838-1840 SUNDEE HAMILTON		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1804			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Dundee, FL		4. FEI Number 59-3666466	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33838		Country POLK		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARONE, JON F 111 FIRST STREET NORTH DUNDEE, FL 33838			7. Name and Address of New Registered Agent Name Bishop, Francis R. II Street Address (P.O. Box Number is Not Acceptable) 111 First Street North City Dundee FL Zip Code 33838		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBUSH, JACK E 723 MAIN STREET LAKE HAMILTON, FL 33851 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Rubush, Jack E. 723 Main Street Lake Hamilton, FL 33851 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESLEY, JOHN T JR 804 S WOODLYN DRIVE TAMPA, FL 33609 <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	MGR MCKINLEY, MALCOLM 211 S. LAKE STARR BLVD LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Fielding, Erroll 101 Jardin Lane Winter Haven, FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CALLAHAM, STEVEN B 2823 SEQUOYAH DRIVE HAINES CITY, FL 33844 <input checked="" 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	PRES BISHOP, FRANCIS R II 1139 SHADY COVE EAST HAINES CITY, FL 33844 <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	Asst. Sec/Treasurer Tindle, Marilyn 1415 Drexel Ave NE Winter Haven, FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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>Francis R Bishop II</u>			02-04-08 863/439-4225		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		