

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90016 018 ****50.00

**2005 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000009639		
1. Entity Name HERRING EQUIPMENT AND REPAIR, L.L.C.		
Principal Place of Business HC 3, BOX 514 RANDALL-KEEN ROAD OLD TOWN, FL 32680 190 NE 132 Ave Cross City, FL 32628		Mailing Address PO BOX 11115 OLD TOWN, FL 32680 190 NE 132 Ave Cross City, FL 32628
2. Principal Place of Business Cross City, FL State, Apt. #, etc.		3. Mailing Address 190 NE 132 Ave State, Apt. #, etc.
City & State Cross City, FL		City & State Cross City, FL
Zip 32628	Country DIXIE	Zip 32628 Country DIXIE
4. FEI Number 03-0425056		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent HERRING, TOD D HC 3, BOX 514 RANDALL-KEEN ROAD OLD TOWN, FL 32680 190 NE 132 Ave Cross City, FL 32628		7. Name and Address of New Registered Agent Name Address Change only 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, my stated agent. SIGNATURE Tod Herring DATE 04/15/05 (NOTE: Registered Agent Signature required when electing)		
		
9. MANAGING MEMBERS/MANAGERS		
10. ADDITIONS/CHANGES		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 808, Florida Statutes.		
SIGNATURE: Tod Herring Manager 4/15/05 (352) 498-9345 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

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☒ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)