2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 17, 2004 8:00 am Secretary of State

DOCUMENT # L03000011253 1. Entity Name PORT CHARLOTTE TRACTOR SUPPLY, LLC							08-27-2004	4 90103 042	****50.00	
Principal Place of Business 7452 IAGER COURT CINCINNATI, OH 45230 US			Mailing Address 7452 IAGER COURT CINCINNATI, OH 45230 US					e rank y r		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08122004	Chg-LLC	CR2E083 (10/	03)	
City & State			City & State			4. FEI Numb	og 44957		Applied For Not Applicable	
Zip	9. 34	Country	Zip Count		try		of Status Desired	Fee Req	Additional uired	
6. Name and Address of Current Registered Agent					7, Name and Address of New Registered Agent Name					
MORRIS, WILLIAM G ESQ. 247 NORTH COLLIER BOULEVARD					Street Address (P.C.: Box Number is Not Acceptable)					
202										
MARCOIS	DAND, FI	L 34145	-		City			Zio i	Code	
8. The above	named entit	v submits this statement (or the oursose of changing it	s ranistar		stered agent, or hi	oth in the State of Flori			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reincasting) DATE										
Fil Due t	ing Fee i by Septer	s \$50.00 mber 8, 2004					check payable Department of S			
9.	3	MANAGING MEMB	ERS/MANAGERS	10,			ADDITIONS/C	CHANGES		
TITLE NAME		ging Member		TIIL	I .			☐ Char	nge 🔲 Addition	
STREET ADORESS CITY-ST-ZIP	7452	s R. Huesir Jager Cour innati, OH	:t	\$TRE	ET ADDRESS - ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	92.10	Innucly "On	Deleta		1			☐ Cha	nge 🔲 Addillon	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	1		☐ Delete		I			☐ Cha	nge Addition	
NAME STREET ADDRESS CITY-ST-ZIP			Delcte _	MAM STRE	E EET ADORESS '-S1-ZIP			Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZEP	p.		☐ Dedicte					☐ Cha	nge 🔲 Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delcie	CITY	E EET ADDRESS '-ST-ZIP			☐ Cha		
11. I hereby certify that the information supplied with this fifting 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 triat 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 true see enpowered to execute this report at required by Chapter 608, Florida Statutes.										
CICNAT		S 1.	n/llin				8-12-6	o 4		
SIGNAT	SIGNATURE	AND TYPED OR PRINTED NAME	OF BIGNING MANAGING MEMBER, N	ANKOER, OF	AUTHORIZED REP	RESENTATIVE	Date	Daytime Pho	ne #	



Attachment

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 31, 2004

PORT CHARLOTTE TRACTOR SUPPLY, LLC 7452 JAGER COURT CINCINNATI, OH 45230 US

Subject: PORT CHARLOTTE TRACTOR SUPPLY, LLC

Reference Number:___

L03000011253

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/bg ANNUAL REPORTS SECTION