

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90033 016 ****50.00

DOCUMENT # L03000031410	
1. Entity Name EZ PULL TRAILERS, LLC	

Principal Place of Business 6834 WEST RICH STREET CRYSTAL RIVER, FL 34428 US	Mailing Address 6834 WEST RICH STREET CRYSTAL RIVER, FL 34428 US
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2. Principal Place of Business - No P.O. Box # 6532 W. Gulf to Lake Hwy	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crystal River, FL	City & State Crystal River, FL
Zip 34429	Zip 34429
Country US	Country



04112007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent HAESEKER, WILLIAM 9137 NORTH MATSONFORD AVENUE DUNNELLON, FL 34433	
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4. FEI Number 41-2106554	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAESEKER, WILLIAM 9137 NORTH MATSONFORD AVENUE DUNNELLON, FL 34433 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAESEKER, PATRICIA 9137 NORTH MATSONFORD AVENUE DUNNELLON, FL 34433 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  **4-16-07** **352-400-1430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #