## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 11, 2007 8:00 am Secretary of State DOCUMENT # L03000044029 1. Entity Name 04-11-2007 90157 044 \*\*\*\*55.00 HUGGINS TRACTOR SERVICE, LLC Principal Place of Business Mailing Address 297 SW SALERNO CIR 297 SW SALERNO ÇIR STUART FL 34997 STUART FL 34997 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRECHBILL, MARK CPA is Not Acceptable) 215 S FEDERAL HWY. SUITE 100 STLJART FL 34994 tuart 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 Signature | Signature, typed or purified name of registered agent and life it applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES Ш MGR ☐ Defete пн □ Change ☐ Addition NAMI HUGGINS, FREDERICK W NAME STREET ADDRESS 297 SW SALERNO CIR STREET ADDRESS CHY-SI-7IP STUART FL 34997 CITY ST-7IP ☐ Delete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CHY ST /IP 1001 Change ☐ Delete Addition NAME NAME STREET ADDRESS STRLET ADDRESS CITY ST-ZIP CITY ST ZIP HILL ☐ Delete HILE ☐ Change ☐ Addition NAME STRUCT ADORESS STREET ADDRESS CITY ST-7IP CHY ST-7P HHE Delete HILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY ST 7IP HHE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY ST ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the statutes.

**SIGNATURE** 

**FILED** 

Daytime Phone #