

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000044029	
1. Entry Name HUGGINS TRACTOR SERVICE, LLC	

Principal Place of Business 297 SW SALERNO CIR STUART, FL 34997	Mailing Address 297 SW SALERNO CIR STUART, FL 34997
---	---

DO NOT WRITE IN THIS SPACE



05012008 No Chg-LLC

CR2ED03 (12/07)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of State's Deed ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HUGGINS, FREDERICK W 297 SW SALERNO CIR STUART, FL 34997
--

DO NOT WRITE IN THIS SPACE

8. The above named entry 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 transferring) DATE _____

FILE NOWIN FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUGGINS, FREDERICK W 297 SW SALERNO CIR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U000000942945
05/29/08-80038-021 138.75

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 officer or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE:  **5-1-2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #