LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2004 8:00 am
Secretary of State
06-14-2004 90290 001 ****55.00

DOCUMENT # L03000045004

1. Entity Name: TUFF TRUX, L.L.C.

DO NOT WRITE IN THIS SPACE

14023801

2. Principal Place of Business	3. Mailing Address
11840 METRO Pkwy Suite, Apt. #, etc.	11780 LAKESHIRE CT Suite, Apt. #, etc.
City & State: FORT MYERS, FL	City & State: Fort Myers, FL
Zip: 33912 Country: U.S.A.	Zip: 33913 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 51-0489001 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CALVIN H. BEALS

Street Address (P.O. Box Number is Not Acceptable): 11780 LAKESHIRE COURT

City: FORT MYERS FL Zip Code: 33913

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: Cal H. Beals Pres. CALVIN H. BEALS DATE: 6/05/04

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE	PRESIDENT	TITLE	
NAME	CALVIN H. BEALS	NAME	
STREET ADDRESS	11780 LAKESHIRE COURT	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33913	CITY-ST-ZIP	
TITLE	SECRETARY - TREASURER	TITLE	
NAME	CHARLOTTE M. BEALS	NAME	
STREET ADDRESS	11780 LAKESHIRE COURT	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33913	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	DUSTIN D. PETERSON	NAME	
STREET ADDRESS	13211 HEATHER RIDGE LOOP	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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 608, Florida Statutes.

SIGNATURE: Cal H. Beals