

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000045613

1. Entity Name
MSR TRACTOR SERVICE LLC



Principal Place of Business
**46 BIG WHITE OAK LN
CRAWFORDVILLE, FL 32327**

Mailing Address
**46 BIG WHITE OAK LN
CRAWFORDVILLE, FL 32327**



04092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2415211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REFFITT, MICHAEL J
46 BIG WHITE OAK LN
CRAWFORDVILLE, FL 32327**

**DO NOT WRITE
IN THIS SPACE**

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000504973
04/26/06-80093-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REFFITT, MICHAEL J
STREET ADDRESS	46 BIG WHITE OAK LN
CITY- ST- ZIP	CRAWFORDVILLE, FL 32327

TITLE	
NAME	
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CITY- ST- ZIP	

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CITY- ST- ZIP	

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IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #