

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

May 12, 2005 8:00 am
Secretary of State

04-20-2005 90027 037 ****50.00

DOCUMENT # L03000045939

1. Entity Name
YODER PUMPING, LLC



Principal Place of Business
**31250 SINGLETARY RD.
MYAKKA CITY, FL 34251**

Mailing Address
**31250 SINGLETARY RD.
MYAKKA CITY, FL 34251**

DO NOT WRITE IN THIS SPACE



01072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
27-0072665

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YODER, MERLIN D
31250 SINGLETARY RD.
MYAKKA CITY, FL 34251**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
YODER, MERLIND D
31250 SINGLETARY RD.
MYAKKA CITY, FL 34251**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
YODER, GLENDA
31250 SINGLETARY RD.
MYAKKA CITY, FL 34251**

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

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IN THIS SPACE**

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: _____

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

5/7/05

Date

941-322-6222

Daytime Phone #