2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 07, 2008 08:00 AN tate

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DOCUMENT # L03000047592		CONTRACTOR OF THE PARTY OF THE	Secretary of S
1. Entity Name			
DICK WIL	SON TRACTOR SERVICE LLC	5	
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	* ***	Sale Arthur	
Principal Plac	e of Business Mailing Address	-	
	TRILBY RD - 20223 OLD TRILBY RD	• •	ARREST CARLES THE GAPPEN A CONTRACT OF A SPECIAL AND A SPE
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_	A NOT WOITE IN TILL COA	О Г	01092008 No Chg-LLC CR2E083 (12/07)
DO NOT WRITE IN THIS SPA		CE	4. FEI Number Applied For
			20-0462848 Not Applicable
			5. Certificate of Status Desired \$5.00 Additional
			Fee Required
	6. Name and Address of Current Registered Agent	_	
WILCON DICHARD D		DO NOT WRITE IN THIS SPACE	
WILSON, RICHARD D 20223 OLD TRILBY RD			
DADE CITY, FL 33523			
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	named entity submits this statement for the purpose of changing its register	red office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent.		
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere	ed Agent signature required	d when reinstating) DATE
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After May	NOWIII FEE IS \$138.75 Care Fig. 12 and Fig		and the state of t
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9	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	WILSON, RICHARD D		
STREET ADDRESS	20223 OLD TRILBY ROAD		
CITY-ST-ZIP	DADE CITY, FL 33523		
TITLE			U00000819825
NAME		U00000819825 02/18/08-80003-021 138.75	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			DO NOT WOLLE
CITY-ST-ZIP		i	DO NOT WRITE

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2/5/2008 (352) 583-2/2
Date Dayline Phone:

SIGNATURE AND TO