## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # L03000051184** 04-30-2004 90058 018 \*\*\*\*55.00 DREW'S TRACTOR SERVICE, L.L.C. Principal Place of Business Mailing Address **6810 36TH AVENUE EAST** 7011 32ND AVENUE EAST BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Busines. 70/1 3224 A 6810 36<sup>4</sup> Suite, Apt. #, etc. Suite Apt # etc. 02112004 Chg-LLC CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEISSNER, GREGORY C Street Address (P.O. Box Number is Not Acceptable) 1111 3RD AVENUE WEST SUITE 150 BRADENTON, FL 34205 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGRM ☐ Delete TITLE Change ☐ Addition KING, DREW F NAME NAME STREET ADDRESS 7011 32ND AVENUE EAST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Change ■ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZP 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 expect this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTH

REPRESENTATIVE

**FILED**