

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90026 001 ***138.75
02-20-2008 90026 002 *****5.00

DOCUMENT # *L0300051966*

1. Entity Name

WILLIAM F JONES TRACTOR LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

90 Pinewood Lane
Suite, Apt. #, etc.

3. Mailing Address

90 Pinewood Lane
Suite, Apt. #, etc.

30000606

CR2E083B (12/07)

City & State

Lake Alfred FLA

City & State

Lake Alfred FLA

4. FEI Number

59-3108415

Applied For

Not Applicable

Zip

33850

Country

FLA

Zip

33850

Country

FLA

5. Certificate of Status Desired

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**\$5.00 Additional
Fee Required**

6.

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

William F Jones

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

2-11-08

DATE

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MGR
WILLIAM F JONES TRACTOR WORK LLC
90 PINWOOD LANE
LAKE ALFRED FLA 33850*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

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

SIGNATURE: *WILLIAM F JONES TRACTOR WORK LLC*

2-11-08

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

Date

Daytime Phone #