

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051906

1. Entity Name  
WILLIAM F JONES TRACTOR WORK, LLC



Principal Place of Business  
90 PINWOOD LANE  
LAKE ALFRED, FL 33850

Mailing Address  
90 PINWOOD LANE  
LAKE ALFRED, FL 33850

FILED

2009 JAN 13 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062009 No Chg-LLC

CR2E083 (11/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3108415

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, WILLIAM F  
90 PINWOOD LN  
WINTER HAVEN, FL 33881

LAKE ALFRED FL 33850

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2009 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JONES, WILLIAM F
STREET ADDRESS	90 PINE WOOD LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33881 LAKE ALFRED FL
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	

300140446863  
01/13/09--01007--006 \*\*138.75  
300140446863  
01/13/09--01007--007 \*\*5.00

**DO NOT WRITE  
IN THIS SPACE**

OK 1-14-09

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

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

1-7-09 863 956-8785

Date

Daytime Phone #