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NANCYBONEY

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Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90084 050 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000054353

1. Entity Name
B & M TRACTOR SERVICES, LLC

Principal Place of Business
**22150 NW 176TH AVENUE
OKEECHOBEE, FL 34972**

Mailing Address
**22150 NW 176TH AVENUE
OKEECHOBEE, FL 34972**

60017051

03052008 No Chg. LLC

CR2E082 (12/07)

4. FEI Number
38-3884766

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMS, LAURA K
203 SE 2ND AVENUE
OKEECHOBEE, FL 34974**

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's signature required when changing

DATE

**FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$638.75**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MEMBER		
	LIONET, MARK		
	22150 NW 176TH AVENUE		
	OKEECHOBEE, FL 34972		

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

Date

Declare Page #

3/5/08