


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90171 043 ***143.75

DOCUMENT # L03000054621	
1. Entity Name TRACTOR WORKS AND HAULING, LLC	

Principal Place of Business 9797 BRIDLEWIND RD PENSACOLA, FL 32526	Mailing Address 9797 BRIDLEWIND RD PENSACOLA, FL 32526
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01102008 Chg-LLC	CR2E083 (12/06)
4. FEI Number 01-0828228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BUSBEE, MARION P 9829 BRIDLEWOOD ROAD LOT B PENSACOLA, FL 32526	

7. Name and Address of New Registered Agent	
Name Marion P. Busbee	
Street Address (P.O. Box Number is Not Acceptable) 9797 Bridlewood Rd	
City Pensacola	FL Zip Code 32526-4121
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUSBEE, MARION P 9797 BRIDLEWOOD RD PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Paul Busbee</u> <u>Marion Paul Busbee</u> <u>3/25/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	