


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

08-14-2008 90036 010 \*\*\*138.75

<b>DOCUMENT # L03000056928</b>			
1. Entity Name <b>PADROS TRACTOR SERVICE, LLC</b>			
Principal Place of Business <b>8333 CR 325 SOUTH HAMPTON FL 32044</b>		Mailing Address <b>P.O. BOX 104 HAMPTON FL 32044</b>	
2. Principal Place of Business - No P.O. Box # <b>8333 CR 325 South</b>		3. Mailing Address <b>P.O. Box 104</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hampton Fla</b>		City & State <b>Hampton Fla</b>	
Zip <b>32044</b>	Country <b>U.S.</b>	Zip <b>32044</b>	Country <b>U.S.</b>
6. Name and Address of Current Registered Agent  <b>GARDNER, WYATT E 8333 CR 325 SOUTH HAMPTON FL 32044</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating)			
Signature, typed or printed name of registered agent and title if applicable.		DATE	
<b>FILE NOW!!! FEE IS \$538.75</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>	
<b>Make Check Payable to Florida Department of State</b>		<b>Due By September 3, 2008</b>	



2nd MOORE CR2E083 (4/08)

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARDNER, WYATT E 8333 CR 325 SOUTH HAMPTON FL 32044</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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:** W. E. Gardner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-4-08 352-745-1774  
Date Daytime Phone #