

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000368

FILED
Apr 21, 2010
Secretary of State

Entity Name: BOBBY CLIFTON TRACTOR LLC

Current Principal Place of Business:

874 EAST KICKLIGHTER ROAD
LAKE HELEN, FL 32744 US

New Principal Place of Business:

Current Mailing Address:

874 EAST KICKLIGHTER ROAD
P.O. BOX 837
LAKE HELEN, FL 32744 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: CLIFTON, ROBERT
Address: P.O. BOX 837 874 EAST KICKLIGHTER ROAD
City-St-Zip: LAKE HELEN, FL 32744

Title: V
Name: CLIFTON, ROBERT
Address: P.O. BOX 837 874 EAST KICKLIGHTER ROAD
City-St-Zip: LAKE HELEN, FL 32744

Title: S
Name: CLIFTON, ROBERT
Address: P.O. BOX 837 874 EAST KICKLIGHTER ROAD
City-St-Zip: LAKE HELEN, FL 32744

Title: T
Name: CLIFTON, ROBERT
Address: P.O. BOX 837 874 EAST KICKLIGHTER ROAD
City-St-Zip: LAKE HELEN, FL 32744

Title: D
Name: CLIFTON, ROBERT
Address: P.O. BOX 837 874 EAST KICKLIGHTER ROAD
City-St-Zip: LAKE HELEN, FL 32744

Title: D
Name: CLIFTON, RYAN
Address: 325 W PLYMOUTH AVE
City-St-Zip: DELAND, FL 32720

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERTH CLIFTON

MGRM

04/21/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date