## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Aug 24, 2007 8:00 am Secretary of State DOCUMENT # L04000003931 08-24-2007 90045 048 \*\*\*\*50.00 1. Entity Name ROY'S CRANE SERVICE, LLC Principal Place of Business Mailing Address 1200 APACHE AVENUE PO BOX 2248 LABELLE, FL 33975 LABELLE, FL 33935 02112007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURRY, ROY L DO NOT WRITE 1200 APACHE AVENUE LABELLE, FL 33935 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 hares of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CURRY, ROY L SR NAME STREET ADDRESS PO BOX 2248 CITY-ST-ZIP LABELLE, FL 33975 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 filling 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 proglee empowered to execute this people as required by Chapter 608, Florida Statutes.

G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #