

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000009766

1. Entity Name
MARVIN BOBCAT SERVICE LLC



FILED

07 JUL 11 PM 3:36

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14083 88TH PLACE NORTH
LOXAHATCHEE, FL 33470 US

Mailing Address
C/O ELNORA MITCHELL
1401 WASHINGTON AVENUE/PO BOX 8317
DELRAY BEACH, FL 33482



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

06072007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0449966

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, ELNORA C
1401 WASHINGTON AVENUE
DELRAY BEACH, FL 33444

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ANDREWS, MARVIN L
14083 88TH PLACE NORTH
LOXAHATCHEE, FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400106087074
07/16/07--01002--008 **472.50

TITLE
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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

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

Date

Daytime Phone #

27/13