2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000013764

JIMMY L. KEEN'S WELDING & TRACTOR SERVICE LLC



Principal Place of Business

Mailing Address

8103 KEEN CEMETERY ROAD DUETTE, FL 33834 US

8103 KEEN CEMETERY ROAD DUETTE, FL 33834

FILED Jan 24, 2008 08:00 A Secretary of State



01142008 No Chg-LLC

CR2E083 (12/07)

| 4. | FEI Number | | Applied For |
|----|-------------------------------|-------------------|------------------|
| | 34-1981784 | | Not Applicable |
| 5. | Certificate of Status Desired | \$5.00 Fee Req | Additional uired |

6. Name and Address of Current Registered Agent

KEEN, JIMMY L 8103 KEEN CEMETERY ROAD DUETTE, FL 33834

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. 21.08

| | named entity submits this statement for the purpose of chai ons of registered agent | nging its registered office or registered agent, or bo | th, in the State of Florida. I am familiar with, and accept | | |
|--|--|--|---|--|--|
| SIGNATURE_ | Signature Typed or printed name of registered agent and title if applicable | (NOTE Registered Agent signature required when reinstalling) | DATE | | |
| | NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | Hadaaaaaaa | | |
| THLE | MGR | | U00000793306 | | |
| NAME | KEEN, JIMMY L | | 01/25/08-80003-020 138.75 | | |
| STREET ADDRESS | 8103 KEEN CEMETERY ROAD | | | | |
| CITY-ST-ZIP | DUETTE, FL 33834 | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | • | | | |
| City-S1-ZiP | | | | | |
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| CITY-ST-ZIP | | | | | |
| 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. | | | | | |

JIMMU L.

SIGNATURE AND THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, DR AUTHORIZED REPRESENTATIVE