

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90148 016 ****55.00

DOCUMENT # L04000029751

1. Entity Name
COMPLETE TRACTOR SERVICE, LLC



Principal Place of Business
11134 REDEMPTION WAY
PANAMA CITY, FL 32404

Mailing Address
11134 REDEMPTION WAY
PANAMA CITY, FL 32404

20060000



2. Principal Place of Business

204 S. Gray Ave.

3. Mailing Address

204 S. Gray Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08032005 Chg-LLC CR2E083 (10/03)

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32404

Country

Zip

32404

Country

4. FEI Number

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

DUGUE, GREGORY J
204 S. GAY AVENUE
PANAMA CITY, FL 32404

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

Gregory J. Dugue

Signature, typed or printed name of registered agent also due if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-4-05

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
HIDDLESON, JENIFER C
204 S. GAY AVENUE
PANAMA CITY, FL 32404

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jenifer C. Hiddleson

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

8-4-05

850-258-3800

Date

Daytime Phone #