2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000038657

1. Entity Name
TAYLOR IRRIGATION LLC

Principal Place of Business

8542 MANDERSTON COURT FORT MYERS, FL 33912 Mailing Address

8542 MANDERSTON COURT FORT MYERS, FL 33912 FILED

08 SEP 25 PM 2: 00

SECRETARY OF STATE TALLAHASSEE FLORIDA



09182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number -20-0491213-

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STORK, BRYAN 8542 MANDERSTON COURT FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

			1		
	e named entity submits this statement for tions of registered agent.	the purpose of ch	anging its registered	d office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent ar	d title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 by September 12, 2008		nce with s. 607.19	3(2)(b), F.S., the limited 5 UI sive the prior notice. 09/25/	0136346915 0801051005 **143.75
TITLE	MGR	<u></u>			
NAME	STORK, BRYAN				
STREET ADDRESS	8542 MANDERSTON COURT				
CITY-ST-ZIP	FORT MYERS, FL 33912				
TITLE					
	I				

DO NOT WRITE IN THIS SPACE

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 abcurate 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 receiper or trustate empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP___
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP

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

Date

Daytime Phone #