

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90137 007 ****55.00

DOCUMENT # L04000043964

1. Entity Name

JAMES M. WEIR BOBCAT SERVICE, LLC



Principal Place of Business

P.O. BOX 1638
PALM CITY FL 34991
US

Mailing Address

P.O. BOX 1638
PALM CITY FL 34991
US

2. Principal Place of Business

1565 S.W. MARLIN HWY
Suite, Apt. #, etc.
#203

3. Mailing Address

P.O. Box 1638
Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Palm City, FL

Zip

34990

Country

USA

Zip

34991

Country

USA

4. FEI Number

267-88-5882

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIR, JAMES M
3703 JENNINGS RD.
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WEIR, NORMAN
STREET ADDRESS P.O. BOX 1638
CITY-ST-ZIP PALM CITY FL 34991

TITLE MGRM ☒ Delete
NAME LUCE, AMANDA
STREET ADDRESS P.O. BOX 1638
CITY-ST-ZIP PALM CITY FL 34991

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

2/3/05 561-262-5006