

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90085 001 ****55.00

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1. Entity Name

JAMES M. WEIR BOBCAT SERVICE, LLC



Principal Place of Business

1565 SOUTHWEST MARTIN HIGHWAY
#203
PALM CITY FL 34990
US

Mailing Address

P.O. BOX 1638
PALM CITY FL 34991
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number 26-7885882

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

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

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

James M. Weir MGRM

7/17/06

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 6, 2006**

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 WEIR, JAMES
STREET ADDRESS 1565 S.W. MARTIN HWY #203
CITY-ST-ZIP PALM CITY, FL 34990

TITLE MGRM ☐ Delete
NAME GORDON, HARRIET
STREET ADDRESS 1565 S.W. MARTIN HWY #203
CITY-ST-ZIP PALM CITY, FL 34990

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 MGR ☒ Change ☐ Addition
NAME WEIR, NORMAN
STREET ADDRESS 1565 S.W. MARTIN HWY #203
CITY-ST-ZIP PALM CITY, FL 34990

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

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

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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 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: #

7/17/06

561-262-5006