


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000043964</b> 1. Entity Name <b>JAMES M. WEIR BOBCAT SERVICE, LLC</b>	
--	---

Principal Place of Business <b>1565 SOUTHWEST MARTIN HIGHWAY #203 PALM CITY, FL 34990 US</b>	Mailing Address <b>P.O. BOX 1638 PALM CITY, FL 34991 US</b>
---	--



04182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>26-7885882</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WEIR, JAMES M 3703 JENNINGS RD. PORT ST. LUCIE, FL 34952</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000913443  
05/08/08-80016-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WEIR, NORMAN 1565 SW MARTIN HWY #203 PALM CITY, FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEIR, JAMES 1565 SW MARTIN HWY #203 PALM CITY, FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GORDON, HARRIET 1565 SW MARTIN HWY #203 PALM CITY, FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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 TITLE OF OFFICER, MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/18/08** **SM-262-5006**

Date

Daytime Phone #