

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90143 038 ****50.00

DOCUMENT # L04000044556

1. Entity Name
BEN'S TOWING & DIESEL REPAIR LLC



Principal Place of Business

**614 E. BASE ST.
MADISON, FL 32340**

Mailing Address

**614 E. BASE ST.
MADISON, FL 32340**



2. Principal Place of Business

528 E. Base St
Suite, Apt. #, etc.

3. Mailing Address

528 E. Base St
Suite, Apt. #, etc.

01142008 Chg-LLC CR2E083 (11/05)

City & State

Madison FL
Zip

City & State

Madison FL
Zip

4. FEI Number **Benjamin Bowen**
APPLIED FOR 59-3342679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOWEN, BENJIMAN
439 N.E. DAYLILY AVE.
MADISON, FL 32340**

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BOWEN, BENJIMAN**
STREET ADDRESS **439 N.E. DAYLILY AVE.**
CITY-ST-ZIP **MADISON, FL 32340**

TITLE **MGR** ☐ Delete
NAME **BOWEN, TRACY**
STREET ADDRESS **439 N.E. DAYLILY AVE.**
CITY-ST-ZIP **MADISON, FL 32340**

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

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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 606, Florida Statutes.

SIGNATURE Tracy Bowen Tracy Bowen

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

2-14-06

Date

350-973-2748

Daytime Phone #

new all
Address