

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000044556**

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



Principal Place of Business  
**528 E. BASE ST  
MADISON, FL 32340**

Mailing Address  
**528 E. BASE ST  
MADISON, FL 32340**



01132007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**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**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000002681316  
03/20/07-80036-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BOWEN, BENJIMAN
STREET ADDRESS	439 N.E. DAYLILY AVE.
CITY- ST- ZIP	MADISON, FL 32340
TITLE	MGR
NAME	BOWEN, TRACY
STREET ADDRESS	439 N.E. DAYLILY AVE.
CITY- ST- ZIP	MADISON, FL 32340
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: *Ben Bowen Tracy Bowen*

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

3-6-07 850-973-2742

Date

Daytime Phone #