

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000044556</b>	
1. Entity Name <b>BEN'S TOWING &amp; DIESEL REPAIR LLC</b>	

Principal Place of Business <b>528 E. BASE ST MADISON, FL 32340</b>	Mailing Address <b>528 E. BASE ST MADISON, FL 32340</b>
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>59-3342679</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>BOWEN, BENJIMAN 439 N.E. DAYLILY AVE MADISON, FL 32340</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWEN, BENJIMAN 439 N.E. DAYLILY AVE. MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWEN, TRACY 439 N.E. DAYLILY AVE. MADISON, FL 32340
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04/22/08-80106-014 143.75

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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: <u>Ben Bowen</u>	Date: <u>4-8-08</u>	Daytime Phone #: <u>850-973-2748</u>
SIGNATURE: <u>Tracy Bowen</u>	Date: <u>4-8-08</u>	Daytime Phone #: <u>850-973-2748</u>

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