

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044556

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** BEN'S TOWING & DIESEL REPAIR LLC

**Current Principal Place of Business:**

528 E. BASE ST  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

528 E. BASE ST  
MADISON, FL 32340

**New Mailing Address:**

**FEI Number:** 59-3342679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BOWEN, BENJIMAN  
**Address:** 439 N.E. DAYLILY AVE.  
**City-St-Zip:** MADISON, FL 32340

**Title:** MGR  
**Name:** BOWEN, TRACY  
**Address:** 439 N.E. DAYLILY AVE.  
**City-St-Zip:** MADISON, FL 32340

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** TRACY BOWEN

MGR

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date