2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 10, 2007 08:00 A Secretary of State

ANNUAL REPURI				Apr 10, 200/ 00		
DOCUMENT # L0400051394 1. Entity Name				Secretary of S		
TRI-COUNTY TRACTOR & FENCING SERVICE LLC						
Principal Plac	ce of Business	Mailing Address]		
25222 ASH Brooksvil	i ST Le, Fl 34601	25222 ASH ST Brooksville, Fl 34601				
DO NOT WRITE IN THIS SPA			CE .	04052007 No Chg-LLC	CR2E083 (11/05)	
L	JO NOI WKIII	I IN IFIIS SFA	VE .	4. FEI Number 20-0706407	Applied For Not Applicable	
				5. Certificate of Status Desired	☐ \$5.00 Additional Fee Required	
	6. Name and Address of Curren	it Registered Agent				
POE, JEREMY L				DO MOTIM	**************************************	
25222 ASH ST			DO NOT WRITE			
BROOKSVILLE, FL 34601			IN THIS SPA	ACE .		
		,			V -	
8. The above	e named entity submits this statement itions of registered agent.	for the purpose of changing its register	ed office or registere	ed agent, or both, in the State of Flori	da. I am familiar with, and accept	
	ilons of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered ager	N and the d anninghia (MYTS: Day ann	d Agent agnetura required		DATE	
	Signature, ryped or primed have or regulated age	FAUL DE ESPACADE. POTE: Registere	a Agera agreeura requesa	WHEN TOURSE TOU		
, FI	iling Fee is \$50.00 ue by May 1, 2007			We the second	**************************************	
9.	MANAGING MEMB	ERS/MANAGERS				
TITLE	MGR					
NAME STREET ADDRESS	POE, JEREMY L 25222 ASH ST					
Crty-St-Zip	BROOKSVILLE, FL 34601			lannan	nitingaya.	
TITLE			1	14/19/07	0698340 -80078-002-50.00	
NAME				91. W. 91.	Contractor states addressed	
STREET ADDRESS						
CITY-ST-ZIP	<u> </u>	•				
TITLE Name		ļ				
STREET ADDRESS :						
CITY-ST-ZIP				DO NOT W	41F	

11. I hereby certify that the information supplied with this fiying 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 occurred 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X SIGNATURE AND TYPED OR P

TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-1-07

IN THIS SPACE

Dayuma Phone #