

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065916

FILED
Aug 13, 2008
Secretary of State

Entity Name: 4 M TOWING LLC

Current Principal Place of Business:

1956 DANA DRIVE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1956 DANA DRIVE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 13-4286908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORRISON, THOMAS S
1956 DANA DRIVE
FORT MYERS, FL 33907 US

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: PRES () Delete
Name: MORRISON, THOMAS S
Address: 1956 DANA DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: VP () Delete
Name: WHITE, TAMALA
Address: 1956 DANA DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: S/T () Delete
Name: BABCOCK, TANDRA K
Address: 1956 DANA DRIVE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TAMALA WHITE

VP

08/13/2008

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