


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000076417	
1. Entity Name M.R. BUTLER CO., LLC	

Principal Place of Business 19 NORTH BOLIVAR STREET CHATTAHOOCHEE FL 32324	Mailing Address 19 NORTH BOLIVAR STREET CHATTAHOOCHEE FL 32324
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2. Principal Place of Business - No P.O. Box # 19 N. Bolivar St.	3. Mailing Address Same
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State Chattahoochee FL	City & State
Zip 32324	Country GADSDEN

1st MOORE	CR2E083 (10/06)
4. FEI Number 37-1499104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCCORMICK, MICHAEL K 38 DECATUR STREET CHATTAHOOCHEE FL 32324	7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTLER, KATHLEEN 19 NORTH BOLIVAR STREET CHATTAHOOCHEE FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000629036 02/15/07-80084-014 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTLER, MARTIN R 19 NORTH BOLIVAR STREET CHATTAHOOCHEE FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Martin R. Butler *Martin R. Butler* 1/30/07 850-663-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #