

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90173 005 ***138.75

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

2. Principal Place of Business - No P.O. Box #

554 SATSUMA RD.

3. Mailing Address

554 SATSUMA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHATTAHOOCHEE FL.

City & State

CHATTAHOOCHEE FL.

Zip

32324

Country

GADSDEN

Zip

32324

Country

GADSDEN

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

37-1499104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BUTLER, KATHLEEN
STREET ADDRESS 19 NORTH BOLIVAR STREET
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE MGRM ☐ Delete
NAME BUTLER, MARTIN R
STREET ADDRESS 19 NORTH BOLIVAR STREET
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Kathleen Butler* KATHLEEN BUTLER 3-17-08

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

Date

Daytime Phone #