

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/25/2005-90106-018-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 27 AM 9:41

DOCUMENT # L04000081638

1. Entity Name
K & L TRACTOR SERVICE LLC



Principal Place of Business
2445 LYDIA WAY
NEW SMYRNA BEACH, FL 32168

Mailing Address
2445 LYDIA WAY
NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1852913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRODICK, PETER
2445 LYDIA WAY
NEW SMYRNA BEACH, FL 32168

Name

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

City

FL

Zip Code

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 (current registered agent and title if applicable)

(delete: Registered Agent's signature if retained or re-appointing)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRODICK, PETER
2445 LYDIA WAY
NEW SMYRNA BEACH, FL 32168 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Pete c Brodick

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

Date

Daytime Phone #

Pete c Brodick

REINSTATEMENT

2005