

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088941

FILED
Jan 09, 2008
Secretary of State

Entity Name: FLORIDA TRACTOR SERVICE, LLC

Current Principal Place of Business:

15551 RACE RACK RD.
ODESSA, FL 33556

New Principal Place of Business:

105 2ND ST. NW
RUSKIN, FL 33570

Current Mailing Address:

15551 RACE RACK RD.
ODESSA, FL 33556

New Mailing Address:

105 2ND ST. NW
RUSKIN, FL 33570

FEI Number: 20-2006398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN-CHRISTOPHE CAMP
15551 RACETRACK RD.
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

JEAN-CHRISTOPHE CAMP
105 2ND ST. NW
RUSKIN, FL 33570 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:

01/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, MICHAEL A
Address: 15551 RACE RACK RD.
City-St-Zip: ODESSA, FL 33556

Title: MGRM () Delete
Name: JEAN-CHRISTOPHE CAMP,
Address: 15551 RACETRACK RD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, MICHAEL A
Address: 1712 GULF RD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM (X) Change () Addition
Name: JEAN-CHRISTOPHE CAMP,
Address: 105 2ND ST. NW
City-St-Zip: RUSKIN, FL 33570

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: MICHAEL A. MILLER

MGR

01/09/2008

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