

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L05000000501

1. Entity Name
J & J TRACTOR SERVICE, L.L.C.



Principal Place of Business
**5508 KILLARNEY AVENUE
FT. PIERCE, FL 34951**

Mailing Address
**5508 KILLARNEY AVENUE
FT. PIERCE, FL 34951**



01312007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2127662	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WATKINS, SHERRI C
5508 KILLARNEY AVENUE
FT. PIERCE, FL 34951**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, SHERRI C 5508 KILLARNEY AVENUE FORT PIERCE, FL 34951
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPPS, DAVID A 4920 TREETOP TRAIL FORT PIERCE, FL 34951
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/18/07-80045-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Sherril C. Watkins*

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

4/6/07

Date

772-216-3137

Daytime Phone #