

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

04-03-2006 90075 033 ****50.00

DOCUMENT # L05000009766

1. Entity Name
YELLOWSTONE EQUIPMENT COMPANY, LLC



Principal Place of Business
**1150 CENTRAL AVENUE
NAPLES, FL 34102**

Mailing Address
**1150 CENTRAL AVENUE
NAPLES, FL 34102**

00001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-4465074** 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

**COLEMAN, KEVIN G ESQ
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$50.00
Due by May 1, 2008

Makes check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MANAGER
JAMES T. MURPHY
1150 CENTRAL AVE
NAPLES, FL 34102** ☐ Delete

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

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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:

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

Date

Daytime Phone #