

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064073

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** NEXT GENERATION TRACTOR SERVICE LLC

**Current Principal Place of Business:**

C/O 829-D NORTH LANIER AVE  
FORT MEADE, FL 33841

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 829-D NORTH LANIER AVE  
FORT MEADE, FL 33841

**New Mailing Address:**

**FEI Number:** 20-3096010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALENTINE, REVA YVONNE  
829-D NORTH LANIER AVE  
FORT MEADE, FL 33841 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HELMS, TOMMIE SUE  
Address: 800 2ND ST S.E. - P.O. BOX 1096  
City-St-Zip: FORT MEADE, FL 33841

Title: MGRM ( ) Delete  
Name: OLIPHANT, KENNEY RAY  
Address: 800 2ND ST S.E. - P.O. BOX 1096  
City-St-Zip: FORT MEADE, FL 33841

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** TOMMIE SUE HELMS

MGRM

01/29/2009

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