

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2008 8:00 am**  
**Secretary of State**

08-19-2008 90027 045 \*\*\*538.75

**DOCUMENT # L05000068216**

1. Entity Name  
**MOTOR WORKS LLC**



Principal Place of Business  
**710 PRAIRIE MINE RD.  
MULBERRY, FL 33860**

Mailing Address  
**710 PRAIRIE MINE RD.  
MULBERRY, FL 33860**



07302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3149456**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., STE. 101  
TALLAHASSEE, FL 32301-2960**

**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

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MANNING, JOHN
STREET ADDRESS	710 PRAIRIE MINE RD.
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

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

Date

Daytime Phone #