

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90050 024 ****50.00

DOCUMENT # L05000068272

1. Entity Name
DOUGLASS EQUIPMENT, LLC



Principal Place of Business
8806 SW SR 121
LAKE BUTLER, FL 32054

Mailing Address
8806 SW SR 121
LAKE BUTLER, FL 32054

2. Principal Place of Business
8806 S.W. SR-121
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 316
Suite, Apt. #, etc.

City & State
LAKE BUTLER, FL.

City & State
LAKE BUTLER, FL.

4. FEI Number
59-1201834

Applied For
☐ Not Applicable

Zip
32054
Country
UNION

Zip
32054
Country
UNION

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

DOUGLASS, HENRY
8806 SW-SR 121
LAKE BUTLER, FL 32054

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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLASS, HENRY 8806 SW SR 121 LAKE BUTLER, FL 32054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLASS, QUINN 8806 SW SR 121 LAKE BUTLER, FL 32054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

01/23/2006 (386)496-3004

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

Date

Daytime Phone #