

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000070753

1. Entity Name

HY-TECH LUBES & SERVICES, L.L.C.



Principal Place of Business

C/O 588 N.W. SIM'S ROAD  
MADISON, FL 32341

Mailing Address

POST OFFICE BOX 267  
GREENVILLE, FL 32331

FILED

08 MAY -6 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

54-2177318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOKE, TROY  
983 N.W. ST. THOMAS CHURCH ROAD  
MADISON, FL 32340

**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 \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PARKER, JONATHAN  
4140 HYCREST LANE  
TALLAHASSEE, FL 32309

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600129218666  
05/13/08--01028--016 \*\*138.75

**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 #

KS

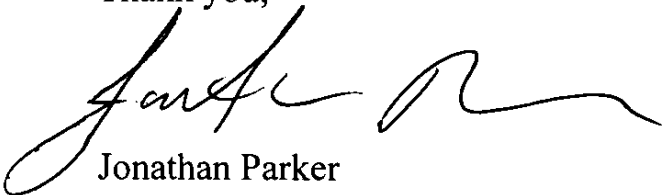
Date: May 5, 2008  
To: Department of State/Division of Corporations  
From: Hy-Tech Lubes & Services, LLC  
RE: Annual Report L05000070753

We have just become aware of the deadline for the filing of our annual report with your agency.

We never received notice from you concerning the filing date or the amount in filing fees.

We are requesting a waiver of penalties at this time.

Thank you,

A handwritten signature in black ink, appearing to read 'Jonathan Parker', with a long horizontal flourish extending to the right.

Jonathan Parker  
Managing Member  
Hy-Tech Lubes & Services, LLC  
Post Office Box 267  
Greenville, FL 32331