


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90029 041 *****50.00

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # L05000091871 1. Entity Name MD TOWING, LLC | | | |  | |
| Principal Place of Business 1510 N. FORSYTH RD ORLANDO FL 32807 | | | Mailing Address 1510 N. FORSYTH RD ORLANDO FL 32807 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent LYNCH, F.M. 2839 ATIOCH WAY ORLANDO FL 32807 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGRM LYNCH, F.M. 1510 NORTH FORSYTH RD ORLANDO FL 32807 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | MGRM LYNCH, F.M. 1510 NORTH FORSYTH RD ORLANDO FL 32807 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>F.M. Lynch</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |



1st MOORE CR2E083 (10/06)

4. FEI Number **NO-T APPLICABLE** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required