

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90031 005 ****50.00

DOCUMENT # L05000093327

1. Entity Name

PIGNOTTI'S TRACTOR SERVICE LLC



Principal Place of Business

2036-B PAT'S PLACE
TALLAHASSEE FL 32308

Mailing Address

2036-B PAT'S PLACE
TALLAHASSEE FL 32308



2. Principal Place of Business

2248 Lake Heritage Dr
Suite, Apt. #, etc.

3. Mailing Address

2248 Lake Heritage Dr
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Tallahassee, FL

Zip

32311

Country

U.S.A.

City & State

Tallahassee, FL

Zip

32311

Country

U.S.A.

4. FEI Number

43-2089335 (ETN#)

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIGNOTTI, JOE
2036-B PAT'S PLACE
TALLAHASSEE FL 32308

No change
in Agent.

7. Name and Address of New Registered Agent

(Same)

Name, Pignotti, Joe

Street Address (P.O. Box Number is Not Acceptable)

2248 Lake Heritage Dr.

City Tallahassee,

FL

Zip Code 32311

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PIGNOTTI, JOE
STREET ADDRESS 2036-B PAT'S PLACE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE mgrm Pignotti, Joe ☐ Change ☐ Addition
NAME
STREET ADDRESS 2248 Lake Heritage Dr.
CITY-ST-ZIP Tallahassee, FL 32311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Shannon Pignotti

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

Date

Daytime Phone #

5/1/06 850-443-8376