

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000093327		
1. Entity Name PIGNOTTI'S TRACTOR SERVICE LLC		

FILED

07 OCT -5 PM 3:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business 2248 LAKE HERITAGE DR TALLAHASSEE FL 32311	Mailing Address 2248 LAKE HERITAGE DR TALLAHASSEE FL 32311
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 715 High Ridge Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State murphy N.C.
Zip	Country Cherokee
Country	Zip 28906

2nd MOORE CR2E083 (4/07)

4. FEI Number 43-0289335		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent PIGNOTTI, JOE 2248 LAKE HERITAGE DR TALLAHASSEE FL 32311		7. Name and Address of New Registered Agent Name 1 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIGNOTTI, JOE 2248 LAKE HERITAGE DR TALLAHASSEE FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200110183042 10/02/07--01039--023 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

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: Joe Pignotti **9-26-07** **828 557-4468**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #