

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001903

Entity Name: MITCHELL TOWING, LLC

FILED  
May 29, 2007  
Secretary of State

**Current Principal Place of Business:**

1002 S DEPOT STREET  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 784  
BONIFAY, FL 32425

**New Mailing Address:**

FEI Number: 20-3657804      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MITCHELL, LEROY  
1002 S DEPOT STREET  
BONIFAY, FL 32425      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MITCHELL, LEROY  
Address: PO BOX 784  
City-St-Zip: BONIFAY, FL 32425

Title: MGRM      ( ) Delete  
Name: WILLIAMS, WILMA D  
Address: PO BOX 784  
City-St-Zip: BONIFAY, FL 32425

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEROY MITCHELL

MGMR

05/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date