

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90034 012 ****50.00

DOCUMENT # L06000007780

1. Entity Name
BRADFORD'S TOWING, LLC



Principal Place of Business
**1268 HILLSIDE DRIVE
TARPON SPRINGS, FL 34689**

Mailing Address
**1268 HILLSIDE DRIVE
TARPON SPRINGS, FL 34689**

2. Principal Place of Business - No P.O. Box #
1553 SAVANNAH AVE
Suite, Apt. #, etc.

3. Mailing Address
1553 SAVANNAH AVE
Suite, Apt. #, etc.

City & State
TARPON SPRINGS FL
Zip
34689 Country
USA

City & State
TARPON SPRINGS FL
Zip
34689 Country
USA

01192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4156924 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASE, HENRY B
1268 HILLSIDE DRIVE
TARPON SPRINGS, FL 34689**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CASE, HENRY B
1268 HILLSIDE DRIVE
TARPON SPRINGS, FL 34689** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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: **HENRY B. CASE** **01.24.07** **727-938-5511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #