

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016591

FILED  
Jul 02, 2008  
Secretary of State

**Entity Name:** DIXIE TRACTOR SERVICE, LLC

**Current Principal Place of Business:**

4740 W HIGHWAY 318  
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

4740 W HIGHWAY 318  
CITRA, FL 32113

**New Mailing Address:**

FEI Number: 16-1750282      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:**

CARRINGTON, MELISSA J  
4740 W HIGHWAY 318  
CITRA, FL 32113      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: CARRINGTON, PAUL S  
Address: 4740 W HIGHWAY 318  
City-St-Zip: CITRA, FL 32113

Title: MGRM      ( ) Delete  
Name: CARRINGTON, MELISSA  
Address: 4740 W HIGHWAY 318  
City-St-Zip: CITRA, FL 32113

**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: MELISSA CARRINGTON

MGRM

07/02/2008

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