

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90304 031 ****50.00

DOCUMENT # L06000018585

1. Entity Name

JONES TOWING, LLC



Principal Place of Business

Mailing Address

3686 WOODVILLE HWY
TALLAHASSEE FL 32305

P.O. BOX 5281
TALLAHASSEE FL 32314



2. Principal Place of Business - No P.O. Box #

3686 Woodville Hwy
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5281
Suite, Apt. #, etc.

City & State

Tall. FL

City & State

Tall. FL

Zip

32305

Country

USA

Zip

32314

Country

USA

4. FEI Number

16-1717328

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

JONES, PAMELA R
3686 WOODVILLE HWY
TALLAHASSEE FL 32305

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 *Pamela R. Jones*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME JONES, DAVID J
STREET ADDRESS 3686 WOODVILLE HWY
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE MGR ☐ Delete
NAME JONES, PAMELA R
STREET ADDRESS 3686 WOODVILLE HWY
CITY-ST-ZIP TALLAHASSEE FL 32305

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

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

TITLE ☐ Change ☐ Addition
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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: *Pamela R. Jones*

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

1-30-07 950-671-2271

Date

Daytime Phone #