

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000024156  
 1. Entity Name  
 C & J BOBCAT AND HAULING LLC



Principal Place of Business 2174 19TH AVE SW LARGO, FL 33774 US	Mailing Address 2174 19TH AVE SW LARGO, FL 33774 US
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4174221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CRAM, CHARLES  
 2174 19TH AVE SW  
 LARGO, FL 33774

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000906349  
 05/05/08-80002-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAM, CHARLES 2174 19TH AVE SW LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAM, JOSHUA 2174 19TH AVE SW LARGO, FL 33774
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Charles Cram Date: 4-11-08 Daytime Phone #: 727-639-2447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE