


**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 |
|---|---|

DO NOT WRITE IN THIS SPACE



04082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4174221

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U000000906349
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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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

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

Date

Daytime Phone #

4-11-08 727-6392447