

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90287 002 \*\*\*\*50.00

**DOCUMENT #** L06000026557

**1. Entity Name**

Joe's Backhoe Service, LLC



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
11671 NW 80th Court

**3. Mailing Address**  
Post Office Box 195

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Chiefland, Florida

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Chiefland, Florida

**4. FEI Number**  
20-4483565

**Applied For**  
Not Applicable

**Zip**  
32626

**Country**  
US

**Zip**  
32644

**Country**  
US

**5. Certificate of Status Desired** ☐

**\$5.00 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**  
Joe C. Lee

**Street Address (P.O. Box Number is Not Acceptable)**

11671 NW 80th Court

**City** Chiefland **FL** **Zip Code** 32626

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

**DATE**

5/14/07

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Joe C. Lee 11671 NW 80th Court Chiefland, Florida 32626	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Janis K. Lee 11671 NW 80th Court Chiefland, Florida 32626	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Jason B. Lee 11671 NW 80th Court Chiefland, Florida 32626	<b>TITLE</b> 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 exemption stated in Section 119.07(3)(i), 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:**

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

Date

Daytime Phone #

5/14/07