

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029531

FILED
Mar 05, 2008
Secretary of State

Entity Name: GRANT GRESSMAN TRACTOR WORK, LLC.

Current Principal Place of Business:

45142 GRESSMAN DAIRY RD.
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1293
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 16-1754336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRESSMAN, GRANT A
45142 GRESSMAN DAIRY RD.
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: GRESSMAN, GRANT A
Address: 45142 GRESSMAN DAIRY RD.
City-St-Zip: CALLAHAN, FL 32011

Title: MGRM () Delete
Name: GRESSMAN, CHARLES L
Address: 45142 GRESSMAN DAIRY RD.
City-St-Zip: CALLAHAN, FL 32011

Title: MGRM () Delete
Name: GRESSMAN, LINDA J
Address: 45142 GRESSMAN DAIRY RD.
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GRANT A. GRESSMAN

MGR

03/05/2008

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