

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 05, 2008  
Secretary of State**

DOCUMENT# L06000038683

**Entity Name:** BRUSHMASTERS CUTTING & TRACTOR SERVICE, LLC

**Current Principal Place of Business:**

1305 LOWERBRIDGE RD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

1305 LOWERBRIDGE RD  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 15-5547141      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHREMSE, JEFF  
1305 LOWERBRIDGE RD  
CRAWFORDVILLE, FL 32327      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: MGRM      ( ) Delete  
Name: SCHREMSE, JEFF  
Address: 1305 LOWERBRIDGE RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES:**

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: JEFF SCHREMSE      MGRM      03/05/2008

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