

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000043942

1. Entity Name

K-MAC MACHINERY AND SERVICE CO. LLC



Principal Place of Business

640 S. 6TH AVE
WAUCHULA, FL 33873

Mailing Address

PO BOX 845
BOWLING GREEN, FL 33843



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, PERRY
105 LAKE BRANCH RD
BOWLING GREEN, FL 33834

**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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KNIGHT, PERRY
STREET ADDRESS 105 LAKE BRANCH RD.
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE MGRM
NAME KNIGHT, BEVERLY SUE
STREET ADDRESS 105 LAKE BRANCH RD.
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE MGRM
NAME KNIGHT, KELLY LYN
STREET ADDRESS 315 STATE RD 62 #C106
CITY-ST-ZIP BOWLING GREEN, FL 33834

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:

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

Date

Daytime Phone #

1-29-08 863-767-1333