

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073676

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** BRYAN'S CRANE SERVICE, LLC

**Current Principal Place of Business:**

2511 VINEYARD LANE  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

179 HUCKABA RD EAST  
DEFUNIAK SPRINGS, FL 32435 US

**Current Mailing Address:**

P.O. BOX 9217  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

P.O. BOX 109  
DEFUNIAK SPRINGS, FL 32435 US

**FEI Number:** 20-5288734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAM S. HOWELL, JR, J.D., P.A.  
1727 S CO HWY 393  
SANTA ROSA BEACH, FL 32459 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: BECKER, JONATHAN M  
Address: 2511 VINEYARD LANE  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: WITHEY, BRYAN C  
Address: 179 HUCKABA RD EAST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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:** BRYAN C WITHEY

MGRM

01/15/2009

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