

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000091734 1. Entity Name WILLIAMS & SONS TRACTOR SERVICE LLC					
Principal Place of Business 1635 JAMIESON RD. HAVANA, FL 32333			Mailing Address 1635 JAMIESON RD. HAVANA, FL 32333		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 20-5790597				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, DERRICK SR. 1635 JAMIESON RD. HAVANA, FL 32333			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ (NOTE: Registered Agent signature required when relocating)		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, DERRICK SR. 1635 JAMIESON RD. HAVANA, FL 32333		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500086745045 01/31/07--01010--006 **\$55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, JAMES PO BOX 57/STRICKLAND 158 RD. HAVANA, FL 32333		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  Derrick Williams Sr. 1/22/07 (850) 875-4220					