

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # L0600091734 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 |
|--|--|

DO NOT WRITE IN THIS SPACE

FILED

08 MAR 24 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02092008No Chg-LLC CR2E083 (12/07)

| | |
|--|-------------------------------|
| 4. FEI Number 20-5790597 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

WILLIAMS, DERRICK SR.
1635 JAMIESON RD.
HAVANA, FL 32333

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | MGR |
| NAME | WILLIAMS, DERRICK SR. |
| STREET ADDRESS | 1635 JAMIESON RD. |
| CITY-ST-ZIP | HAVANA, FL 32333 |
| TITLE | MGR |
| NAME | WILLIAMS, JAMES |
| STREET ADDRESS | PO BOX 57/STRICKLAND 158 RD. |
| CITY-ST-ZIP | HAVANA, FL 32333 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE
IN THIS SPACE

500121071375

03/24/08--01007--013 **138.75

500121071375

03/24/08--01007--014 **5.00

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:  3/21/08 (850) 875-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #