

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90254 016 ****50.00

DOCUMENT # L06000108458 1. Entity Name C & W EQUIPMENT, LLC					
Principal Place of Business 610 SW SAMPALA LAKE ROAD MADISON, FL 32340 <div style="text-align: center;">↓ New</div>			Mailing Address 610 SW SAMPALA LAKE ROAD MADISON, FL 32340 <div style="text-align: center;">↓ New</div>		
2. Principal Place of Business - No P.O. Box # 1036 SW Sampala Lk Rd Suite, Apt. #, etc.		3. Mailing Address 1036 SW Sampala Lk Rd Suite, Apt. #, etc.			
City & State Madison, FL Zip 32340		City & State Madison, FL Zip 32340		4. FEI Number 33 1147800 Applied For <input type="checkbox"/> Not Applicable	
Country Madison		Country Madison		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COATES, GARY S 610 SW SAMPALA LAKE ROAD MADISON, FL 32340				7. Name and Address of New Registered Agent Name Michael Watts Street Address (P.O. Box Number is Not Acceptable) 1036 SW Sampala Lk Rd City Madison, FL Zip Code 32340	
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 Michael Watts DATE 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 COATES, GARY S 610 SW SAMPALA LAKE ROAD MADISON, FL 32340 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATTS, MICHAEL 1036 SW SAMPALA LAKE ROAD MADISON, FL 32340 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Watts Date (850) 973 3793 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>					