

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-27-2008 90074 010 ***138.75

DOCUMENT # L07000005956 1. Entity Name B & D'S 3 YARDER, LLC					
Principal Place of Business 1825 GLENWOOD OAKS LN. DELAND, FL 32720			Mailing Address 1825 GLENWOOD OAKS LN. DELAND, FL 32720		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02212008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-8767755				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BOIVIN, ANGELA 1825 GLENWOOD OAKS LN. DELAND, FL 32720			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BOIVIN, DENNIS L		NAME		
STREET ADDRESS	1825 GLENWOOD OAKS LN.		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MORTON, BILL		NAME		
STREET ADDRESS	PO BOX 16		STREET ADDRESS		
CITY-ST-ZIP	LOOKOUT MOUNTAIN, TN 37350		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Dennis Boivin</i> Dennis Boivin			Date: <i>2/25/08</i> 386 985 1104		