

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90048 023 ***138.75

60030328



DOCUMENT # L07000015126 1. Entity Name MIKE HOFFMAN TRACTOR SERVICE LLC					
Principal Place of Business 100 TANGLEWOOD ROAD CRAWFORDVILLE, FL 32327			Mailing Address 100 TANGLEWOOD ROAD CRAWFORDVILLE, FL 32327		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04252008 Chg-LLC CR2E083 (12/06)	
City & State Zip Country		City & State Zip Country			
4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HOFFMAN, MICHAEL 100 TANGLEWOOD ROAD CRAWFORDVILLE, FL 32327	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFMAN, MIKE 100 TANGLEWOOD ROAD CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			Date: 4/24/08 Daytime Phone #: 926 9898		