

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 27, 2008 8:00 am
Secretary of State

03-06-2008 90246 038 ***138.75

DOCUMENT # L07000080606 1. Entity Name WHITAKER'S YARD SERVICE, LLC					
Principal Place of Business 6891 CO. HWY. 280 E. DEFUNIAK SPRINGS, FL 32435 US			Mailing Address 6891 CO. HWY. 280 E. DEFUNIAK SPRINGS, FL 32435 US		
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	4. FEI Number 26-0662850	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITAKER, ANNIE M 6891 CO HWY. 280 E DEFUNIAK SPRINGS, FL 32435			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 <u>Annie Whitaker</u> DATE <u>2-22-08</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			FL Zip Code		
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	MGR WHITAKER, ANNIE M 6891 CO. HWY 280 E DEFUNIAK SPRINGS, FL 32435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITAKER, JAMIE L 6891 CO. HWY 280 E DEFUNIAK SPRINGS, FL 32435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITAKER, APRIL V 6891 CO. HWY 280 E DEFUNIAK SPRINGS, FL 32435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITAKER, JAMES W II 6891 HWY. 280 E DEFUNIAK SPRINGS, FL 32435		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	
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: <u>James W. Whitaker</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					