

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122761

FILED
Jul 07, 2008
Secretary of State

Entity Name: MURPHY'S HEAVY EQUIPMENT LLC

Current Principal Place of Business:

3269 U.S. HWY. 90 EAST
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 347
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 59-3457647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

YATES, RANDALL D SR.
3269 U.S. HWY. 90 EAST
DEFUNIAK SPRINGS, FL 32433 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YATES, RANDALL D SR.
Address: 3269 U.S. HWY. 90 EAST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM () Delete
Name: YATES, LORI LEE
Address: 3269 U.S. HWY. 90 EAST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: YATES, LORI L
Address: 3269 U.S. HWY. 90 EAST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RANDALL D. YATES, SR.

MGR

07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date