

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90022 010 ***138.75

DOCUMENT # L07000125935

1. Entity Name
PLOW PROPERTIES LLC



Principal Place of Business
2712 HERNDON ST
VALRICO, FL 33594/6

Mailing Address
2712 HERNDON ST
VALRICO, FL 33594/6

60036867



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
26-1576678

Applied For
Not Applicable

Zip **33596**

Country

Zip **33596**

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARREN, JAMES
2712 HERNDON ST
VALRICO, FL 33594/6

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

Signature, typed or printed name of registered agent and title if applicable.

(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 MGRM ☐ Delete
NAME WARREN, JAMES
STREET ADDRESS 2712 HERNDON ST
CITY-ST-ZIP VALRICO, FL 33594/6

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33596**

TITLE MGR ☐ Delete
NAME WARREN, PATRICIA LEE
STREET ADDRESS 2712 HERNDON ST
CITY-ST-ZIP VALRICO, FL 33594/6

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33596**

TITLE MGR ☐ Delete
NAME WARREN, JAMES PATRICK
STREET ADDRESS 2712 HERNDON ST
CITY-ST-ZIP VALRICO, FL 33594/6

TITLE ☒ Change ☐ Addition
NAME PATRICK
STREET ADDRESS
CITY-ST-ZIP **33596**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
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:

James Warren

28 APRIL 2008

Date

Daytime Phone #

**813
681-9675**