

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076046

FILED
May 01, 2009
Secretary of State

Entity Name: NORTHWEST FLORIDA EQUIPMENT RENTALS, LLC

Current Principal Place of Business:

10952 EAST C-30A
SUITE A
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

10952 EAST COUNTY HWY 30-A
SUITE A
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

10952 EAST C-30A
SUITE A
PANAMA CITY BEACH, FL 32413

New Mailing Address:

10952 EAST COUNTY HWY 30-A
SUITE A
PANAMA CITY BEACH, FL 32413

FEI Number: 26-3164658 **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:

COFFIELD SACHS, COLLEEN
36468 EMERALD COAST PARKWAY
SUITE 7102
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: TENNANT, CHRISTIAN
Address: 10952 EAST C-30A
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TENNANT, CHRISTIAN
Address: 10952 EAST COUNTY HWY 30-A
City-St-Zip: PANAMA CITY BEACH, FL 32413

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: CHRISTIAN R. TENNANT

MGRM

05/01/2009

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