

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110459

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** ROY'S SPREADER SERVICE, LLC

**Current Principal Place of Business:**

7601 E. WARMSPRINGS AVE.  
COLEMAN, FL 33521

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13  
COLEMAN, FL 33521

**New Mailing Address:**

**FEI Number:** 26-3800478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN NOSTRAN, RITA J  
7601 E. WARMSPRINGS AVE.  
COLEMAN, FL 33521 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: VAN NOSTRAM, ROY A  
Address: P.O. BOX 13  
City-St-Zip: COLEMAN, FL 33521

Title: MGRM ( ) Delete  
Name: VAN NOSTRAM, RITA J  
Address: P.O. BOX 13  
City-St-Zip: COLEMAN, FL 33521

**ADDITIONS/CHANGES:**

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

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

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:** RITA J. VAN NOSTRAN

MGRM

04/09/2009

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