

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004458

Entity Name: A & B DOZING LLC

FILED  
Jan 27, 2008  
Secretary of State

## Current Principal Place of Business:

2172 WEST NINE MILE RD  
PMB 158  
PENSACOLA, FL 32534

## New Principal Place of Business:

2445 EASTMAN LANE  
CANTONMENT, FL 32533

## Current Mailing Address:

2172 WEST NINE MILE RD  
PMB158  
PENSACOLA, FL 32534

## New Mailing Address:

15930 CO. RD.  
EDGAR SPRINGS, MO 65462

FEI Number: 80-0123379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BURGDORF, ALFRED  
2445 EASTMAN LANE  
CANTONMENT, FL 32533 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: BURGDORF, ALFRED  
Address: 2445 EASTMAN LANE  
City-St-Zip: CANTONMENT, FL 32533

Title: MGR ( ) Delete  
Name: SMITH, SUSAN L  
Address: 2172 W NINE MILE RD PMB 158  
City-St-Zip: PENSACOLA, FL 32534

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: HERRMANN, DOROTHY L  
Address: 15930 CO. RD 6280  
City-St-Zip: EDGAR SPRINGS, MO 65462

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: DOROTHY L. HERRMANN

MGR

01/27/2008

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