

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003438

FILED
Apr 29, 2009
Secretary of State

Entity Name: A TRUCK LINE, LLC

Current Principal Place of Business:

871 NW GUERDON ST
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

PO BOX 1829
LAKE CITY, FL 32056

New Mailing Address:

P.O. BOX 1829
LAKE CITY, FL 32055

FEI Number: 59-3700850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCRAE & METCALF, P.A.
1677 MAHAN CENTER BOULEVARD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MCRAE & METCALF, P.A.
871 NW GUERDON ST
LAKE CITY, FL 32056 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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, JOEY
Address: 871 NW GUERDON ST
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM () Delete
Name: ANDERSON, DOUG
Address: 871 NW GUERDON ST
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM () Delete
Name: SCHREIBER, BRIAN
Address: 871 NW GUERDON ST
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES:

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

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: BRIAN SCHREIBER

SECR

04/29/2009

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