


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90091 034 ****55.00

DOCUMENT # L04000084271

1. Entity Name
COTTONTAIL HAULING, LLC.



Principal Place of Business
**PO BOX 182175
 CASSELBERRY, FL 32718**

Mailing Address
**PO BOX 182175
 CASSELBERRY, FL 32718**

2. Principal Place of Business
PO Box 182175

3. Mailing Address
PO Box 182175

Suite, Apt. #, etc.

City & State
Casselberry, FL

City & State
Casselberry, FL 32718

Zip
32718 Country
USA

Zip
32718 Country
USA



07082006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**RODRIGUEZ, WANDA
 2057 HILTON COURT
 1
 CASSELBERRY, FL 32707**

4. FEI Number
42-1654942

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, WANDA			NAME	Rodriguez, Wanda		
STREET ADDRESS	2057 HILTON COURT #1			STREET ADDRESS	804 Brighton Dr.		
CITY-ST-ZIP	CASSELBERRY, FL 32707			CITY-ST-ZIP	Casselberry, FL 32707		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Wanda Rodriguez **7/7/06** **407-678-3703**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #