2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000023913

1. Entity Name
DREW DENMAN TRUCKING, LLC

FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2602 MAGNOLIA POINT CIRCLE PANAMA CITY BEACH, FL 32408 US	2602 MAGNOLIA POINT CIRCLE PANAMA CITY BEACH, FL 32408 US

07072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4404863 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DENMAN, DREW
2602 MAGNOLIA POINT CIRCLE
PANAMA CITY BEACH, FL 32408

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000953817
07/09/08-80007-004 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DENMAN, DREW
STREET ADDRESS	2602 MAGNOLIA POINT CIRCLE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Drew Denman 7-7-2008 (850)596-2864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #