

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002071

FILED
May 01, 2008
Secretary of State

Entity Name: PETTWAY'S TRUCKING LLC

Current Principal Place of Business:

5342 SKYLARK MANOR DRIVE
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

PO BOX 24421
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 20-2123649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROLLE, WADE M
4730 NORWOOD AVENUE
JACKSONVILLE, FL 32206 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: PETTWAY, AUDREY PRES
Address: 5342 SKYLARK MANOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP () Delete
Name: PETTWAY, DEVRON VP
Address: 5342 SKYLARK MANOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

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

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

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: AUDREY N PETTWAY

PRES

05/01/2008

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