

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000033191

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC0573272824**

**Entity Name:** ROYALTY EXPRESS TRUCKING, LLC

**Current Principal Place of Business:**

100 EMERALD ISLE ROAD  
SUITE A  
HAINES CITY, FL 33844

**Current Mailing Address:**

100 EMERALD ISLE ROAD  
SUITE A  
HAINES CITY, FL 33844 US

**FEI Number:** 46-2181644

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, DARLEEN L  
100 EMERALD ISLE ROAD  
SUITE A  
HAINES CITY, FL 33844 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

**Authorized Person(s) Detail :**

Title MGR  
Name DAVIS, DARLEEN L  
Address 100 EMERALD ISLE ROAD  
SUITE A  
City-State-Zip: HAINES CITY FL 33845

Title MGR  
Name ANDERSON, JUDITH F  
Address 833 SUFFOLK PLACE  
City-State-Zip: DAVENPORT FL 33896

Title MGRM  
Name ANDERSON, CHARLES SR  
Address 833 SUFFOLK PLACE  
City-State-Zip: DAVENPORT FL 33896

Title MGRM  
Name DAVIS, NICHER VJR  
Address 100 EMERALD ISLE ROAD  
SUITE A  
City-State-Zip: HAINES CITY FL 33844

Title MGRM  
Name ANDERSON, CHARLES II  
Address 833 SUFFOLK PLACE  
City-State-Zip: DAVENPORT FL 33896

Title MGRM  
Name DAVIS, RYAN C  
Address 100 EMERALD ISLE ROAD  
SUITE A  
City-State-Zip: HAINES CITY FL 33844

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARLEEN L. DAVIS

**MGR**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date