

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000272

**Entity Name:** SPECIALTY TRAILER SUPPLY, LLC

**Current Principal Place of Business:**

573 HAWTHORNE AVE.  
ATHENS, GA 30606

**Current Mailing Address:**

573 HAWTHORNE AVE.  
ATHENS, GA 30606

**FEI Number:** 20-8065183

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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	Title	AUTHORIZED REPRESENTATIVE
Name	ULM, WILLIAM LSR.	Name	STONER, COLIN D. ESQ.
Address	573 HAWTHORNE AVE.	Address	573 HAWTHORNE AVE.
City-State-Zip:	ATHENS GA 30606	City-State-Zip:	ATHENS GA 30606

*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:** COLIN STONER

**AUTHORIZED  
REPRESENTATIVE**

**04/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date