


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L00000001031</b> 1. Entity Name <b>MID-NITE HAULERS, LLC</b>	
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Principal Place of Business <b>2225 HAZELHURST AVE ORLANDO, FL 32804</b>	Mailing Address <b>2225 HAZELHURST AVE ORLANDO, FL 32804</b>
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**DO NOT WRITE IN THIS SPACE**



01162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>59-3615671</b>	Applied For Not Applicable
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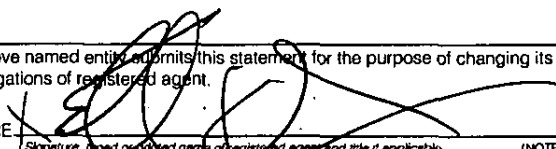
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**JOHNSON, EDWARD D  
7118 JUNE BUG LANE  
ORLANDO, FL 32818**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity admits 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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000792162  
01/23/08-80107-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, EDWARD 7118 JUNE BUG LANE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, ANN 7118 JUNE BUG LANE ORLANDO, FL 32818
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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:**  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #