

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90577 044 ****55.00

DOCUMENT # L0000000/2896 ✓

1. Entity Name

ROONEY TRUCK CENTER, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1760 Executive Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7146

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

59-3680552

Applied For

Not Applicable

Zip

33884

Country

Polk

Zip

33883-7146

Country

Polk

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Daniel P. Rooney

Street Address (P.O. Box Number is Not Acceptable)

395 Avenue "C" NW

City

Winter Haven

FL

Zip Code

33881

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.

SIGNATURE

Daniel P. Rooney
Signature typed or printed name of registered agent and title if applicable.

Daniel P. Rooney

4/30/02
DATE

FEES \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Michael J. Rooney
3 Cypress Cove Rd., SE
Winter Haven, FL 33884

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Candace B. Rooney
3 Cypress Cove Rd., SE
Winter Haven, FL 33884

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Edward J. Rooney
3112 Post Oak Court
Winter Haven, FL 33884

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Elise B. Rooney
3112 Post Oak Court
Winter Haven, FL 33884

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Daniel P. Rooney
114 Winter Ridge Circle
Orlando, FL 32835

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Daniel P. Rooney
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Managing Member
Daniel P. Rooney

DATE

4/30/02

Daytime Phone #

863/294-4468

CR2E083B (12/01)