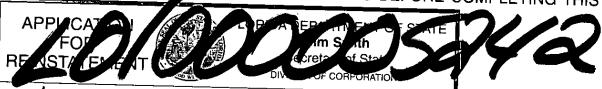
PLEASE BEAD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 DEC 30 PM 1: 10

SECKETARY OF STATE TALLAHASSEE, FLORIDA

L01000005242

Name and Mailing Address

0010557 01 FP 0.352 **PRSRT H9 0 0615 34743-612213 ladaladadadadadaadadadadadadadadad W.D.S. TRUCKING, LLC 213 HIDDEN SPRINGS CIRCLE KISSIMMEE FL 34743-6122

800009734718 12/30/02--01029--002 **150.00



2. New Mailing Address City, State, Zip					4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 03/20/2001											
									Principal Place of Business 3. New Principal Place of Business					00/30/2001		
									213 HIDDEN SPRINGS CIRCLE KISSIMMEE FL 34743		3. New Principal Place of Business Address			6. FEI Number 59–3707420		
City, State, Zip			7.			Not Applicable										
			CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee r for a Certificate of S			itional Fee required										
	8. Name and Address of Current		9. Name and Address of New Registered Agent													
COONS, DAWN				Name Name												
213 HIDDEN SPRINGS CIRCLE KISSIMMEE FL 34743				Street Address (P.O. Box Number is Not Acceptable)												
			City			Zip) Code									
Registered	of Agent REC	SISTERED AC	ENT MUST SIGN	· · · · · · · · · · · · · · · · · · ·		Date 12/2(e)										
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager			City / State / Zip											
	Wesley Coons, Managing			n Springs Circle		Kissimmee, FL 34743		3								
	<u>·</u>															
		REI	VSTATE	WENT	200	2										
						i i										
2. I certify filing this	that I am managing member/manager or the serious tatement application the reason for disposed by the limited liability.	e receiver or solution has b	trustee empowered to	execute this app	lication as provid	ed for in chapter 608, F.S. I	further cer	tify that when								

cation the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that ability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect. as if made under oath.

Signature of Managing Member/Manager

Typed or printed name of signing Managing Member/Man.

Date 12-16-02 Daytime Phone #