


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000017673 1. Entity Name S&S TRUCKING OF FLORIDA, LLC	
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Principal Place of Business P.O. BOX 5325 TAMPA, FL 33675-5325	Mailing Address PO BOX 5325 TAMPA, FL 33675
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07062007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3752130	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent NORTH, JAMES 5422 AVENAL DRIVE LUTZ, FL 33558-2823
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

U000000767744
07/10/07-80015-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NORTH, JAMES 5422 AVENAL DRIVE LUTZ, FL 335582823
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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 a 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

7/6/07 813-247-1111
Date Daytime Phone #