


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000002427
 1. Entity Name
TRUCKER SERVICE CENTER, LLC



Principal Place of Business Mailing Address
2411 SE 27TH ST. **2411 SE 27TH ST.**
OCALA, FL 34471 **OCALA, FL 34471**



01112006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0507874	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
RUNAGER, BRENNAN W
2411 SE 27TH STREET
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

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: *Brennan Runager* **Brennan Runager** **1-11-06**
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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUNAGER, BRENNAN W 2411 SE 27TH ST. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANKIN, JOHN A PO BOX 4667 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN WAGNER, EARL RAYMOND PO BOX 848 SPARR, FL 32192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, JAMES 21514 STATE RD 4D ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/28/06-80014-018 55.00

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: *Brennan Runager* **Brennan Runager** **1-11-06 352-843-2205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #