


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90193 034 ****55.00

DOCUMENT # L02000002427

1. Entity Name
TRUCKER SERVICE CENTER, LLC



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

Mailing Address
**2411 SE 27TH ST.
 OCALA, FL 34471**

60016362



2. Principal Place of Business - No P.O. Box #
3985 N.W. HWY 326

3. Mailing Address
 Suite, Apt. #, etc. **#101**

Suite, Apt. #, etc. **SAME**

02072007 Chg-LLC CR2E083 (12/06)

City & State
OCALA

City & State
OCALA

4. FEI Number
68-0507874

Applied For
 Not Applicable

Zip
FL

Country
USA

Zip
34482

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**RUNAGER, BRENNAN W
 2411 SE 27TH STREET
 OCALA, FL 34471**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 W. Runager Brennan W. Runager 2-7-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUNAGER, BRENNAN W 2411 SE 27TH ST. OCALA, FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANKIN, JOHN A PO BOX 4667 OCALA, FL 34478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN WAGNER, EARL RAYMOND PO BOX 848 SPARR, FL 32192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, JAMES 21514 STATE RD 40 ASTOR, FL 32102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 W. Runager Brennan W. Runager 2-7-07 352-867-1713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #