

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002427

FILED
Apr 30, 2008
Secretary of State

Entity Name: TRUCKER SERVICE CENTER, LLC

Current Principal Place of Business:

3985 NW HWY 326
SUITE 101
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2411 SE 27TH ST.
OCALA, FL 34471

New Mailing Address:

FEI Number: 68-0507874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUNAGER, BRENNAN W
Address: 2411 SE 27TH ST.
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: RANKIN, JOHN A
Address: PO BOX 4667
City-St-Zip: OCALA, FL 34478

Title: MGRM () Delete
Name: VAN WAGNER, EARL RAYMOND
Address: PO BOX 848
City-St-Zip: SPARR, FL 32192

Title: MGRM () Delete
Name: POWELL, JAMES
Address: 21514 STATE RD 40
City-St-Zip: ASTOR, FL 32102

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date