Long Requirements of the second secon	ROCOO/1956 Sestor's Name Ven Buren Dr. Address Address Address Phone # Phone # Address ADDIOSID2544D -02/26/0201015006 ****125.00 *****125.00 Office Use Only
CORPORATION N	AME(S) & DOCUMENT NUMBER(S), (if known):
1. <u>00789 - C</u>	1002-5895 (Document #)
2(Corpo	ration Name) (Document#)
3(Corpo	ration Name) (Document #)
4(Corpo	ration Name) (Document #)
Mail out	Pick up time Certified Copy Will wait Photocopy Certificate of States of
NEW FILINGS Profit	AMENDMENTS 8: 59 Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent 400050025440
Domestication	Dissolution/Withdrawal -05/07/0201039001
Other	Merger
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement
	Trademark
	Other
CR2E031(1/95)	Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 28, 2002

TIM J. BRENNAN 6741 W. VAN BUREN DR. HOMOSASSA, FL 34448

SUBJECT: TIM BOB TRUCKING LIMITED LIABILITY COMPANY

Ref. Number: W02000005845

We have received your document for TIM BOB TRUCKING LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached Articles of Organization to form a Florida Limited Liability Company. The forms submitted are for a corporation.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 102A00012372

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 25, 2002

TIM J. BRENNAN 6741 W. VAN BUREN DR. HOMOSASSA, FL 34448

SUBJECT: TIM BOB TRUCKING LIMITED LIABILITY COMPANY

Ref. Number: W02000005845

We have received your document for TIM BOB TRUCKING LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 802A00025175

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	<i>C</i>
TIM BOB TRUCKING LIMITED LIABILITY	com
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Comp	any is:
6741 W. VAN BUREN DR- HOMOSASSA, PC. 34448	
HOMOSASSA, PC, 34448	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:	
Kita Weckesser	
RITA WECKESSER 10 N Nappelbourne ST	
2 Florida street address (P.O. Box NOT acceptable)	
Florida street addfess (P.O. Box NOT acceptable) Bevery City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limited limits company at the place design and in this could be a limited as the place design at the place design	ited
liability company at the place designated in this certificate, I hereby accept the appointment as a agent and agree to act in this capacity. I further agree to comply with the provisions of all statu	egistered
relating to the proper and complete performance of my duties, and I am familiar with and accep	ies ot the
obligations of my position as registered agent as provided for in Chapter 608, F.S	
Q = I + Q	
Registered Agent's Signature	
Registered Agent's Signature /	
Article IV - Management (Check box if applicable.)	
The Limited Liability Company is to be managed by one manager or more managers a	nd is,
therefore, a manager - managed company.	
(An additional article must be added if an effective date is requested),	>
Signature of a member or an authorized representative of a member.	ک 5
(In accordance with section 608.408(3), Florida Statutes, the execution	7
of this document constitutes an affirmation under the penalties of perjury	7 5
that the facts stated herein are true.)	: 17
Typed or printed name of signee	U
Typed or printed name of signee	
Filing Fees:	
\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent	
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)