

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90042 038 \*\*\*\*55.00

DOCUMENT # L02000011956

1. Entity Name

TIM BOB TRUCKING LIMITED LIABILITY COMPANY



Principal Place of Business

6741 W. VAN BUREN DR.  
HOMOSASSA FL 34448

Mailing Address

6741 W. VAN BUREN DR.  
HOMOSASSA FL 34448

2. Principal Place of Business

6725 WEST GRANT ST.

Suite, Apt. #, etc.

3. Mailing Address

6725 WEST GRANT ST

Suite, Apt. #, etc.

City & State

HOMOSASSA, FLORIDA

City & State

HOMOSASSA, FLORIDA

4. FEI Number

69-0004521

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WECKESSER, RITA  
10 N. MELBOURNE ST.  
BEVERLY HILLS FL 34465

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME BRENNAN, TIM J ☒ Delete  
STREET ADDRESS 6741 W. VAN BUREN DR.  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME BRENNAN, TIM J. ☒ Change ☐ Addition  
STREET ADDRESS 6725 W. GRANT ST.  
CITY-ST-ZIP HOMOSASSA, FLORIDA 34448

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tim J. Brennan* TIM J. BRENNAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/19/05

Date

(352) 628-1684

(352) 476-3825

Daytime Phone #