

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90998 029 ****50.00

DOCUMENT # L02000032980

1. Entity Name

K AND N HAULING LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3695 Cedar Ave

Suite, Apt. #, etc.

3. Mailing Address

3695 Cedar Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Yulee, FL

City & State

Yulee, FL

4. FEI Number

75-3092548

Applied For

Not Applicable

Zip

32097

Country

USA

Zip

32097

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lucy A. Kwapnioski

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

3695 Cedar Ave

City

Yulee

FL

Zip Code

32097

**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

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGMR
Lucy A. Kwapnioski
3695 Cedar Ave
Yulee, FL 32097

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGMR
Eugene E. Kwapnioski
28079 Lucy Ln.
Hilliard, FL 32046

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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:

Lucy A. Kwapnioski

4-27-03

904-491-5760

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

Date

Daytime Phone #

CR2E083B (12/02)