## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2003 8:00 am Secretary of State L02000033571 **DOCUMENT#** 1. Entity Name 04-07-2003 90615 044 \*\*\*\*50.00 V & W TRUCKING L. L. C. DO NOT WRITE IN THIS SPACE Principal Place of Business
542345 US Hwy 1 DO NOT WRITE IN THIS SPACE Applied For 06-1677106 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of Current Registered Agent Name 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 agen-FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS John K. Yanzant 542345, US HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TINE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP MLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED