LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L02000034724 DOCUMENT # L02000034724 1. Entity Name FILED SECRETARY OF STATE
SIVISION OF CORPORATIONS ROSE **TRUCKING** LEASEING, LLC TRUCK 03 FEB 18 PM 2: 14 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Mailing Address SAME 10670 WILLOW LAKE DR Suite, Apt. #, etc. Suite, Apl. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 71-0923437 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired ESCAMBIA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE WILLOW LAKE ENSACOLA 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. Fam familiar with, and accept the obligations of registered agent. FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS MEMBER TITI E TIDE OF JOSEPH C ROSE NAME NAME 10670 WILLOW LAKE DE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL. 32506 CITY ST. ZIP, riu 💯 💯 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE mie NAME NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY ST ZIP IIILE IN THIS SPACE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE nne NAME STREET ADDRESS STREET ACCORES CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-212 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.

02-18-2003 90326 023 **** 50.00