

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # L03000011474

1. Entity Name
DAVIDGE TRUCKING, LLC



Principal Place of Business
**415 SOUTH CHRISTY JO DRIVE
AVON PARK, FL 33825**

Mailing Address
**P.O. BOX 1427
AVON PARK, FL 33826**



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
88-0410579

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIDGE, ROBERT J
415 SOUTH CHRISTY JO DRIVE
AVON PARK, FL 33825**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PETAWAY, HARRIET Y PRES
415 SOUTH CHRISTY-JO
AVON PARK, FL 33825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAVIDGE, ROBERT J V.PRES
415 SOUTH CHRISTY-JO
AVON PARK, FL 33825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000580708
01/10/07-80058-025 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Harriet Y. Petaway **HARRIET Y. PETAWAY**

01/08/07 **01/08/07 863 452 0656**

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

Date

Daytime Phone #