

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018806

Entity Name: PAX TRUCKING LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

451 MONUMENT RD
114
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

358 COURT STREET
PORTSMOUTH, VA 23704

New Mailing Address:

FEI Number: 65-1199333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODLEY, ANTHONY
451 MONUMENT RD APT 114
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOODLEY, ANTHONY
Address: 19309 FRENCHTON PL
City-St-Zip: MONTGOMERY VILLAGE, MD 20886

Title: MGRM () Delete
Name: WOODLEY, PIA
Address: 19309 FRENCHTON PL
City-St-Zip: MONTGOMERY VILLAGE, MD 20886

Title: MGRM () Delete
Name: BOSTON, BRANDY
Address: 451 MONUMENT ROAD 114
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOODLEY, ANTHONY
Address: 358 COURT ST
City-St-Zip: PORTSMOUTH, VA 23704

Title: MGRM (X) Change () Addition
Name: WOODLEY, PIA
Address: 358 COURT ST
City-St-Zip: PORTSMOUTH, VA 20704

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY R WOODLEY

OWNE

01/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date