

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90110 047 ****50.00

DOCUMENT # L03000019019

1. Entity Name

CARRIER TRUCKING LLC



Principal Place of Business

**16395 E. PIMLICO DRIVE
LOXAHATCHEE FL 33470**

Mailing Address

**16395 E. PIMLICO DRIVE
LOXAHATCHEE FL 33470**

2. Principal Place of Business

3. Mailing Address



MOORE

CR2E083 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3759596

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARRIER, ROBERT E JR
16395 E. PIMLICO DRIVE
LOXAHATCHEE FL 33470**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **CARRIER, ROBERT E JR**
CITY-ST-ZIP **16395 E. PIMLICO DRIVE**
LOXAHATCHEE FL 33470

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **CARRIER, DEBRA L**
CITY-ST-ZIP **16395 E. PIMLICO DRIVE**
LOXAHATCHEE FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Debra L Carrier Debra L. Carrier 1-22-04 561/790-5715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #