2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000019019

1. Entity Name
CARRIER TRUCKING LLC

Principal Place of Business	Mailing Address
16395 E. PIMLICO DRIVE LOXAHATCHEE, FL 33470	16395 E. PIMLICO DRIVE LOXAHATCHEE, FL 33470

02122005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3759596
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE

Filing Fee is $50.00
Due by May 1, 2005

U00000228624
02/15/05-80005-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARRIER, ROBERT E JR
STREET ADDRESS	16395 E. PIMLICO DRIVE
CITY ST ZIP	LOXAHATCHEE, FL 33470
TITLE	MGRM
NAME	CARRIER, DEBRA L
STREET ADDRESS	16395 E. PIMLICO DRIVE
CITY ST ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

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 2-12-05 561-790-5715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #