


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000019019 1. Entity Name CARRIER TRUCKING LLC	
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Principal Place of Business 16395 E. PIMLICO DRIVE LOXAHATCHEE, FL 33470	Mailing Address 16395 E. PIMLICO DRIVE LOXAHATCHEE, FL 33470
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DO NOT WRITE IN THIS SPACE



03172007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3759596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U000000678303
04/03/07-80017-004 50.00

9. MANAGING MEMBERS/MANAGERS

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

SIGNATURE: Debra L. Carrier Debra L. Carrier 3-17-07 561.790.5715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #