

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022466

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: LAUTARO REGINA TRUCKING & TRAILER LLC

**Current Principal Place of Business:**

1647 CABOT LN APT. # A-10  
WELLINGTON, FL 33414

**New Principal Place of Business:**

2202 SHOMA DRIVE  
WEST PALM BEACH, FL 33414

**Current Mailing Address:**

1647 CABOT LN APT. # A-10  
WELLINGTON, FL 33414

**New Mailing Address:**

2202 SHOMA DRIVE  
WEST PALM BEACH, FL 33414

FEI Number: 80-0070904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELLINGTON TAX SERVICES CO.  
1842 WILTSHIRE VILLAGE DR.  
WELLINGTON, FL 33414 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: MGR ( ) Delete  
Name: REGINA, LAUTARO  
Address: 1647 CABOT LN APT. # A-10  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Delete  
Name: BURGSTALLER, HARALDO G  
Address: 1647 CABOT LN APT. # A-10  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REGINA, LAUTARO  
Address: 2202 SHOMA DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33414

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: LAUTARO REGINA

MGR

04/28/2007

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