

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000033929

1. Entity Name

A&M TRUCK BROKERAGE LLC



Principal Place of Business

7530 STATE ROAD 207  
ELKTON, FL 32033 US

Mailing Address

7530 STATE ROAD 207  
ELKTON, FL 32033 US



02242006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2394070

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, RICHARD L  
7530 STATE ROAD 207  
ELKTON, FL 32033

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000466031  
03/23/06-80017-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DUNCAN, RICHARD
STREET ADDRESS	7530 STATE RD 207
CITY- ST- ZIP	ELKTON, FL 32033
TITLE	S
NAME	DUNCAN, SHERRY
STREET ADDRESS	7530 STATE RD 207
CITY- ST- ZIP	ELKTON, FL 32033
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 608, Florida Statutes.

SIGNATURE: *Richard Duncan* Richard Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/9/06

Date

904-692-1852

Daytime Phone #