

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90048 019 ****50.00

DOCUMENT # L03000036483

1. Entity Name
C R T TRUCKING COMPANY OF OCOEE OCOEE FL LLC



Principal Place of Business
1008 MARLENE DRIVE
OCOEE, FL 34761

Mailing Address
1008 MARLENE DRIVE
OCOEE, FL 34761

2. Principal Place of Business
824 Willow Run St.

3. Mailing Address
824 Willow Run St.



07182006 Chg-LLC CR2E083 (11/05)

City & State
MINNEOLA FL
Zip 34715 Country

City & State
MINNEOLA FL
Zip 34715 Country

4. FEI Number
04-3772756
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TIERNEY, RONALD R
1008 MARLENE DRIVE
OCOEE, FL 34761

7. Name and Address of New Registered Agent

Name RONALD R. TIERNEY
Street Address (P.O. Box Number is Not Acceptable)
824 WILLOW RUN STREET
City MINNEOLA FL Zip Code 34715

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 *Ronald R Tierney*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TIERNEY, RONALD R
STREET ADDRESS 1008 MARLENE DRIVE
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 824 WILLOW RUN ST
CITY-ST-ZIP MINNEOLA FL 34715

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 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:

Ronald R Tierney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #