

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90006 006 \*\*\*\*50.00

**DOCUMENT # L03000039100**

1. Entity Name  
TRUXX, LLC



Principal Place of Business  
801 S. BROAD STREET  
BROOKSVILLE, FL 34601

Mailing Address  
20 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601

**24067895**



2. Principal Place of Business

3. Mailing Address

801 S. Broad St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

Brooksville, FL

4. FEI Number

20-0312641

Applied For

Not Applicable

Zip

Country

Zip

Country

34601

U.S.A.

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE HOGAN LAW FIRM, LLC  
20 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State.**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WOODRUFF, RANDALL K  
801 S. BROAD STREET  
BROOKSVILLE, FL 34601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCHULTZ, JOHN  
801 S. BROAD STREET  
BROOKSVILLE, FL 34601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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:**

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

Date

Daytime Phone #

4.19.04

352-796-3224