


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90285 018 \*\*\*\*50.00

<b>DOCUMENT # L03000040141</b>	
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1. Entity Name  
FLORIDA WEST-EAST COAST TRUCK LEASING, LLC

Principal Place of Business 2121 MCGREGOR BLVD. FT. MYERS, FL 33901	Mailing Address 2121 MCGREGOR BLVD. FT. MYERS, FL 33901
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0383500	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

Enneis M. Haney  
13101 N. CLEVELAND AVE.  
NORTH FT. MYERS, FL 33903

**7. Name and Address of New Registered Agent**

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 *Enneis M Haney* (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P	<input type="checkbox"/> Delete
NAME	Enneis M. Haney	
STREET ADDRESS	13101 N CLEVELAND AVE	
CITY - ST - ZIP	FORT MYERS, FL 33907	

TITLE	VPS	<input type="checkbox"/> Delete
NAME	KIESEL, THOMAS F	
STREET ADDRESS	2121 MCGREGOR BLVD	
CITY - ST - ZIP	FORT MYERS, FL 33901	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Enneis M Haney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/06 239-997-1424  
Date Daytime Phone #