

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/

FILED
Feb 11, 2004 8:00 am
Secretary of State

01-16-2004 90015 035 *****5.00
02-11-2004 90213 024 *****45.00

DOCUMENT # L03000041554

1. Entity Name
URC TRUCKING, LLC



Principal Place of Business
**817 LAUREL DRIVE
FT. WALTON BEACH, FL 32547**

Mailing Address
**817 LAUREL DRIVE
FT. WALTON BEACH, FL 32547**

24010159



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0376029

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**COX, JESSE RAY
817 LAUREL DRIVE
FT. WALTON BEACH, FL 32547**

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
**MGRM
COX, JESSE R
817 LAUREL DRIVE
FT. WALTON BEACH, FL 32547** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 #

1-10-4 850 315-1335



Attachement

24010159

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

January 20, 2004

JRC TRUCKING, LLC
817 LAUREL DRIVE
FT. WALTON BEACH, FL 32547

Subject: JRC TRUCKING, LLC

Reference Number: **L03000041554**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$5.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

There is a balance due of \$45.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RW

ANNUAL REPORTS SECTION

*850
245-6091*