

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90504 016 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000044479			
1. Entity Name SOUTHLAND TRUCKING & GRADE SERVICE, LLC			
Principal Place of Business 3211 21ST AVE W BRADENTON FL 34205		Mailing Address 3211 21ST AVE W BRADENTON FL 34205	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
09132003 Chg-LLC		CR2E053 (10/03)	
4. FEI Number 200397544		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		88.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALSH, MICHAEL C 3211 21ST AVE W BRADENTON FL 34205		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 Signature (typed or printed name of registered agent is acceptable) DATE			
Filing Fee is \$60.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	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 206, Florida Statutes.			
SIGNATURE: X Michael C. Walsh		Date 5-30-04 (941) 725-0931	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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