## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** DOCUMENT # L03000046515

1. Entity Name

S & W TRUCKING, LLC

Principal Place of Business

Mailing Address

-8036-WALT-WILLIAMS ROAD LAKELAND, FL 33803

8036 WALT WILLIAMS ROAD LAKELAND, FL 33803

2580 W. Socrum Lp Rd Lakeland, Fl 33810

DO NOT WRITE IN THIS SPACE

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

## FILED Mar 06, 2007 8:00 am Secretary of State

03-06-2007 90077 027 \*\*\*\*50 00

**60021338** 



02212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0411934

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, SUSAN 8036 WALT WILLIAMS ROAD LAKELAND, FL 33803

2580 W.Socrum Lp Rd Lakeland, Fl 33810

| DO | NOT  | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

| SIGNATURE.   | Signature, typed or printed name of registered agent and title if adplicable | (NOTE Registered Agent signature required when reinstating) | July 33, 2007 |  |
|--|--|---|---------------|--|
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  |   |               |  |
| 9.   | : MANAGING MEMBERS/MANAGERS  |   |               |  |
| TITLE  | MGR  |   |               |  |
| NAME   | NICHOLS, JIMMY W   |   |               |  |
| STREET ADDRESS   | 8036 WALT WILLIAMS ROAD  |   |               |  |
| CITY-ST-ZIP  | LAKELAND, FL 33803   |   |               |  |
| TITLE  | MGRM   |   |               |  |
| NAME   | NICHOLS, SUSAN   |   |               |  |
| STREET ADDRESS   | 803 <del>6 WALT WILLIAMS ROAD</del>  |   |               |  |
| CITY-ST-ZIP  | LAKELAND, FL 33803   |   |               |  |
| TITLE  |  |   |               |  |
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| TITLE  |  |   |               |  |
| 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. |  |   |               |  |

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