2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90098 004 ***138.75

DOCUMENT # L03000047374

1. Entity Name

WHIDDEN TRUCKING, LLC

Principal Place of Business	Mailing Address
9695 BAYSHORE ROAD NORTH FORT MYERS FL 33917 US	9695 BAYSHORE ROAD NORTH FORT MYERS FL 33917 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 71-0956364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WHIDDEN, ROBIN
9695 BAYSHORE ROAD
NORTH FORT MYERS FL 33917

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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete
NAME	WHIDDEN, ROBIN	
STREET ADDRESS	9695 BAYSHORE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	MGR	☒ Delete
NAME	WHIDDEN, WARNER	COPY OF DEATH CERT. FILED
STREET ADDRESS	9695 BAYSHORE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
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TITLE		☐ Change ☐ 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 Section 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: Robin Whidden 1/25/2008 239-543-3523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 60006873

#L03000047374

OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO. 4846

FLORIDA CERTIFICATE OF DEATH

VOID IF ALTERED OR ERASED

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Stewart Warner Whidden
2. SEX: Male
3. DATE OF BIRTH (Month, Day, Year): June 4, 1941
4a. AGE-Last Birthday (Years): 66
4b. UNDER 1 YEAR Months / Days:
4c. UNDER 1 DAY Hours / Minutes:
5. DATE OF DEATH (Month, Day, Year): October 27, 2007
6. SOCIAL SECURITY NUMBER: 263-56-6589
7. BIRTHPLACE (City and State or Foreign Country): Fort Myers, Florida
8. COUNTY OF DEATH: Lee
9. PLACE OF DEATH (Check only one) HOSPITAL: ___ Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival NON-HOSPITAL: ___ Hospice Facility ___ Nursing Home/Long Term Care Facility X Decedent's Home ___ Other (Specify)
10. FACILITY NAME (If not institution, give street address): 9695 Bayshore Road
11a. CITY, TOWN, OR LOCATION OF DEATH: North Fort Myers
11b. INSIDE CITY LIMITS? ___ Yes X No
12. MARITAL STATUS (Specify): X Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name): Robin Rummans
14a. RESIDENCE - STATE: Florida
14b. COUNTY: Lee
14c. CITY, TOWN, OR LOCATION: North Fort Myers
14d. STREET ADDRESS: 9695 Bayshore Road
14e. APT. NO.:
14f. ZIP CODE: 33917
14g. INSIDE CITY LIMITS? ___ Yes X No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired"): Owner/Operator Truck Driver
15b. KIND OF BUSINESS/INDUSTRY: Construction
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)
X White ___ Black or African American ___ American Indian or Alaskan Native (Specify tribe)
___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian (Specify)
___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Is. (Specify) ___ Other (Specify)
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) ___ Yes (If Yes, specify) X No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American ___ Other Hispanic (Specify) ___ Haitian
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) ___ 8th or less ___ High school but no diploma X High school diploma or GED ___ College but no degree ___ College degree (Specify): ___ Associate ___ Bachelor's ___ Master's ___ Doctorate
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes X No
20. FATHER'S NAME (First, Middle, Last, Suffix): Abe Whidden
21. MOTHER'S NAME (First, Middle, Maiden Surname): Florine Scally
22a. INFORMANT'S NAME: Robin Whidden
22b. RELATIONSHIP TO DECEDENT: Wife
23a. INFORMANT'S MAILING - STATE: Florida
23b. CITY OR TOWN: North Fort Myers
23c. STREET ADDRESS: 9695 Bayshore Road
23d. ZIP CODE: 33917
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Southeastern Crematory
25a. LOCATION - STATE: Florida
25b. LOCATION - CITY OR TOWN: Punta Gorda
26a. METHOD OF DISPOSITION ___ Burial ___ Entombment X Cremation ___ Donation ___ Removal from State ___ Other (Specify)
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? X Yes ___ No
27a. LICENSE NUMBER (of Licensee): F047392
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ▶ [signature]
28. NAME OF FUNERAL FACILITY: National Cremation Society
29a. FACILITY'S MAILING - STATE: Florida
29b. CITY OR TOWN: North Fort Myers
29c. STREET ADDRESS: 3453 Hancock Bridge Parkway
29d. ZIP CODE: 33903

MEDICAL CERTIFIER

State of Florida, Department of Health, Vital Statistics

30. CERTIFIER: X Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
(Check one) ___ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.
31a. (Signature and Title of Certifier) ▶ [signature] PHYSICIAN'S SIGNATURE DO
31b. DATE SIGNED (mm/dd/yyyy): 10/30/2007
32. TIME OF DEATH (24 hr.): 1657
33. MEDICAL EXAMINER'S CASE NUMBER:
34a. LICENSE NUMBER (of Certifier): 05-5709
34b. CERTIFIER'S NAME: Charles P. Friedrich DO
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier):
36a. CERTIFIER'S - STATE: Florida
36b. CITY OR TOWN: N. Fort Myers
36c. STREET ADDRESS: 13821 N. Cleveland Ave.
36d. ZIP CODE: 33903
37. SUBREGISTRAR - Signature and Date: ▶ [signature] 10/31/07
38a. LOCAL REGISTRAR - Signature: ▶ [signature] DEP. REG.
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): NOV. 2, 2007

VOID IF ALTERED OR ERASED

Brenda A. McGee Dep. Reg. November 5, 2007

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DH FORM 1947 (08/04)

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CERTIFICATION OF VITAL RECORD