


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000048215					
1. Entity Name <b>JOHNNY SIMS TRASH HAULING, LLC</b>					
Principal Place of Business <b>8173 SIMS LANE TALLAHASSEE FL 32312 US</b>			Mailing Address <b>8173 SIMS LANE TALLAHASSEE FL 32312 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>20-0428526</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BARNES &amp; JAMES, P.A.</b> <b>2629 BLAIRSTONE ROAD</b> <b>TALLAHASSEE FL 32301</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	<b>MGR SIMS, JOHNNY 8173 SIMS LANE TALLAHASSEE FL 32312</b>				
CITY - ST - ZIP					
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	NAME	<input type="checkbox"/> Delete			
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CITY - ST - ZIP					
TITLE	NAME	<input type="checkbox"/> Delete			
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TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY - ST - ZIP					
10. ADDITIONS/CHANGES					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	<b>UD00000346744</b> <b>04/30/05-80088-014 50.00</b>				
CITY - ST - ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY - ST - ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Johnny Sims</i> <b>Johnny Sims</b> <b>4-26-05</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					