

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050753

FILED
May 03, 2005
Secretary of State

Entity Name: SOUTH FLORIDA EQUIPMENT HAULERS LLC

Current Principal Place of Business:

1250 SHINN ROAD
FT. PIERCE, FL 34945

New Principal Place of Business:

15701 ORANGE AVE.
FT. PIERCE, FL 34945

Current Mailing Address:

1250 SHINN ROAD
FT. PIERCE, FL 34945

New Mailing Address:

15701 ORANGE AVE.
FT. PIERCE, FL 34945

FEI Number: 20-0459303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITE, GARY D
1250 SHINN ROAD
FT. PIERCE, FL 34945 US

Name and Address of New Registered Agent:

WHITE, GARY D
15701 ORANGE AVE.
FT. PIERCE, FL 34945 US

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.

SIGNATURE: _____

05/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WHITE, GARY D
Address: 1250 SHINN ROAD
City-St-Zip: FT. PIERCE, FL 34945

Title: MGRM () Delete
Name: COLTON, RONALD C
Address: 1604 EDGEVALE ROAD
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GARY D. WHITE

MGR

05/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date