

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000050848 1. Entity Name C.H. BRAUN TRUCKING LLC	
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Principal Place of Business 20235 GOODLIFE LN. LAND O' LAKES, FL 34639	Mailing Address PO BOX 1833 LAND O' LAKES, FL 34639
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-3154041	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BRAUN, CARL
20235 GOODLIFE LN.
LAND O' LAKES, FL 34639

**DO NOT WRITE
IN THIS SPACE**

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) DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000346843
04/30/05-80092-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRAUN, CARL 20235 GOODLIFE LN. LAND O' LAKES, FL 34639
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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: *Carl H Braun* **CARL H. BRAUN** 4-25-05 813/610-1951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #