

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90177 019 ****50.00

DOCUMENT # L03000056279

1. Entity Name

NELSON D. DES CHAMPS TRUCKING COMPANY LLC



Principal Place of Business

16667 HOLLAND LANE
BROOKSVILLE FL 34610

Mailing Address

16667 HOLLAND LANE
BROOKSVILLE FL 34610
US

2. Principal Place of Business

3. Mailing Address

58 Rainbow Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Indian Harbour Beach, Fla

Zip

Country

Zip

Country

32937

BREVARD

6. Name and Address of Current Registered Agent

DES CHAMPS, NELSON D
16667 HOLLAND LANE
BROOKSVILLE FL 34610

4. FEI Number

59-1230129

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: DES CHAMPS, NELSON D
STREET ADDRESS: 16667 HOLLAND LANE
CITY-ST-ZIP: BROOKSVILLE FL 34610 ☐ Delete

TITLE:
NAME:
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CITY-ST-ZIP: ☐ Delete

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10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

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NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Change ☐ Addition

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: *Nelson D. Des Champs*

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

Feb 16, 05 813-996-2898

Date

Daytime Phone #