# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 13, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L03000056279

1. Entity Name
NELSON D. DES CHAMPS TRUCKING COMPANY LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 16667 HOLLAND LANE<br>BROOKSVILLE, FL 34610 | 58 RAINBOW RD<br>SATELLITE BEACH, FL 32937 US |

**DO NOT WRITE IN THIS SPACE**

01052006No Chg-LLC CR2E J83 (11/05)

4. FEI Number
59-1230129

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DES CHAMPS, NELSON D
16667 HOLLAND LANE
BROOKSVILLE, FL 34610

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Nelson D. Des Champs 1/5/06 813-996-2898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #