

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90202 028 ****50.00

DOCUMENT # L03000057521

1. Entity Name
S&S TRUCKING, LLC



Principal Place of Business
**123 KILDARE STREET
PORT CHARLOTTE, FL 33954 US**

Mailing Address
**123 KILDARE STREET
PORT CHARLOTTE, FL 33954 US**

2. Principal Place of Business
123 Kildare Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 494529
Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

Zip
33954 Country
Charlotte

Zip
33949-4529 Country
Charlotte

02062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
35-2224595

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, HAROLD O
333 SOUTH TAMIAMI TRAIL
SUITE 283
VENICE, FL 34285**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
SHOOTS, GRANVILLE
123 KILDARE STREET
PORT CHARLOTTE, FL 33954**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
SHOOTS, BETTY D
123 KILDARE STREET
PORT CHARLOTTE, FL 33954**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 *Granville Shoots*