

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000439

FILED
Mar 03, 2007
Secretary of State

Entity Name: T.C. WEBB TRANSPORT & SON, LLC

Current Principal Place of Business:

16221 TASCOSA AVENUE
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

16221 TASCOSA AVENUE
BROOKSVILLE, FL 34604

New Mailing Address:

PO BOX 10366
BROOKSVILLE, FL 34603

FEI Number: 20-0603474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEBB, TONY C
Address: 16221 TASCOSA AVENUE
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGR () Delete
Name: JOHNSON, DWAYNE S
Address: 16221 TASCOSA AVENUE
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGR () Delete
Name: WEBB, TONY C
Address: 16221 TASCOSA AVENUE
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: JOHNSON, DWAYNE S
Address: 4975 SE 145 PL
City-St-Zip: SUMMERFIELD, FL 34491

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 Chapter 119, 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: TONY C WEBB

OWNE

03/03/2007

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