


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90339 019 \*\*\*\*50.00

<b>DOCUMENT # L04000001250</b>			
1. Entity Name <b>J AND D TRUCK LEASING AND SALES, LLC</b>			
Principal Place of Business <b>4854 SOUTHERN BREEZE DR NAPLES, FL 34114</b>		Mailing Address <b>P.O. BOX 1564 EAST LANSING, MI 48826-1564</b>	
2. Principal Place of Business - No P.O. Box # <b>4469 Southeay Breeze Dr.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Naples, FL</b>		City & State	
Zip <b>34114</b>	Country <b>USA</b>	Zip	Country



04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0469663</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>STEHLIK, JOHN J 4854 SEABREEZE DR NAPLES, FL 34114</b>		7. Name and Address of New Registered Agent Name <b>Stehlik, John J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4469 Southeay Breeze Dr.</b> City <b>Naples</b> FL Zip Code <b>34114</b>	
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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, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM STEHLIK, JOHN J 4854 SEABREEZE DR NAPLES, FL 34114</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*John J. Stehlik*