## **2005 LIMITED LIABILITY COMPANY** ANNUAL REPORT ....

## Feb 16, 2005 8:00 am **Secretary of State DOCUMENT # L04000002125** 02-16-2005 90160 011 \*\*\*\*50.00 R & J TRUCKING, LLC Principal Place of Business Mailing Address **628 ARROW LANE 628 ARROW LANE** SUNTABOL KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 2. Principal Place of Business 3. Mailing Address SAMi SAME Suite Ant # etc. Suite, Apt. #, etc. 01032005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 80-0092165 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIROUAC, ROLAND ROGER 628 ARROW LANE Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34746 Zip Code ubmits 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 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR Delete TITLE ☐ Addition ☐ Change KIROUAC, ROGER NAME NAME STREET ADDRESS 628 ARROW LANE STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-ZIP MGR TITS F ☐ Delete TITLE ☐ Change ☐ Addition KIROUAC, JOYCE NAME NAME STREET ADDRESS **628 ARROW LANE** STREET ADDRESS KISSIMMEE, FL 34748 CITY-ST-7IP CITY-ST-ZIP mu ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TULE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 ccurate 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 professional or or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

1-25-05

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