2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # L0400003936 1. Entity Name WEEKEND HAULER LLC			05-01-2008 90028 02:	5 ***138./5
Principal Place of Business	Mailing Address		60037152	
1877 EDGE AVE	1877 EDGE AVE			
NICEVILLE, FL 32578	NICEVILLE, FL 32578			
		· · · · · · · · · · · · · · · · · · ·		7 16 11 1 1 1 1 1 1 1
2. Principal Place of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.		04242008 Chg-LLC CR2E083	(12/06)	
City & State	City & State		4. FEI Number 20-0594742	Applied For Not Applicable
Zip Country	Zip	Country		5.00 Additional e Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Age	
		News Tr	MNCM	
INGRAM, DOUGLAS T JR 912 S PALM BLVD			R & Box Number is Not Acceptable)	
STE E		IXTITE	DC XXV.	
NICEVILLE, FL 32578			J	
•		Missone	? FL	2084X
8. The above named entity submits this statement f	or the purpose of changing its	registered office or register		niliar with, and accept
the obligations of registered agent.		-05/0.000	and agoni or configuration of the configuration of	ייים בייים אונים וויים וויים וויים
SIGNATURE	olum		04/27/08	
Signature: Typed or philid name of redistered agen	t and title if applicable. (NOTE	Registered Agent signature require	od when reinstating) DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.7	5		Make check pay Florida Departmen	
9. MANAGING MEMB		10.	ADDITIONS/CHANGES	
TITLE MGRM NAME JOHNSON, CARL	☐ Delete	TITLE NAME	L	Change Addition
NAME JOHNSON, CARL STREET ADDRESS 1877 EDGE AVE		STREET ADORESS		
CITY-ST-ZIP NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		Change Addition
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	Defete	TITLE		Change Addition
NAME	_ Dollar	NAME	_	
STREET ADDRESS	-	STREET ADDRESS	~ *	
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME	L	Change Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		Change Addition
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		Change Addition
NAME		NAME		•
STREET ADORESS		STREET ADDRESS	• •	
CITY-ST-ZIP	The Alexander of the Control of the	CITY-ST-ZIP	41. Ohio 440 El 11. Ohio 11. Ohio 11.	
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 priy 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 manager or trustee employed to execute this report as required by Chapter 608, Florida Statutes.				
///	$II \setminus I$			· · · · · · ·
SIGNATURE: A MY	1 Valana		04/28/08	