

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90373 022 ****55.00

DOCUMENT # L04000004696					
1. Entity Name PIRATE TRUCKING LLC					
Principal Place of Business 14704 SASSANDRA DR ODESSA, FL 33556			Mailing Address 14704 SASSANDRA DR ODESSA, FL 33556		
2. Principal Place of Business Same as above		3. Mailing Address Same as above			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Odessa FLA.		City & State Odessa FLA.		4. FEI Number 20-0607340	
Zip 33556		Country Puerto Rico		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUIS, ALBERTO 14704 SASSANDRA DR ODESSA, FL 33556			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State 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 _____ (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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME LUIS, ALBERTO STREET ADDRESS 14704 SASSANDRA DR CITY- ST- ZIP ODESSA, FL 33556	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
Document # L04000004696			Document # L04000004696		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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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: <u>Alberto Luis Alberto Luis</u>				(813) 477-31-77	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	