

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-03-2007 90124 016 ****50.00

DOCUMENT # L04000005647

1. Entity Name
LANDIS TRUCKING LLC



Principal Place of Business
**2660 FT. DENAUD ROAD
LABELLE, FL 33935**

Mailing Address
**2660 FT. DENAUD ROAD
LABELLE, FL 33935**



03212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0621449

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LANDIS, CLAUDIA M
2660 FT. DENAUD ROAD
LABELLE, FL 33935**

**DO NOT WRITE
IN THIS SPACE**

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 *Claudia M. Landis*
Signature, typed or printed name of registered agent and title if applicable.

4-25-07
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LANDIS, DONALD P JR.
STREET ADDRESS	2660 FT. DENAUD ROAD
CITY - ST - ZIP	LABELLE, FL 33935
TITLE	MGRM
NAME	LANDIS, CLAUDIA M
STREET ADDRESS	2660 FT. DENAUD ROAD
CITY - ST - ZIP	LABELLE, FL 33935
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE: *Claudia M. Landis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-25-07 *(863)675-8838*
Date Daytime Phone #