


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000007987
1. Entity Name
MANUEL MADERA TRUCKING, LLC.




Principal Place of Business Mailing Address
3009 LAKE ELLEN DRIVE **3009 LAKE ELLEN DRIVE**
TAMPA FL 33618 **TAMPA FL 33618**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number **05-0618743** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MADERA, MANUEL
3009 LAKE ELLEN DRIVE
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **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) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MADERA, MANUEL	
STREET ADDRESS	3009 LAKE ELLEN DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	000000423208	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	02/17/06-80047-021		50.00
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addit

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Manuel Madera