



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
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07-07-003 50098 038 *****55.00
L04000008315
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000008315					
1. Entity Name KNSC TRUCKING, L.L.C.					
Principal Place of Business 5758 N.W. 48TH COURT CORAL SPRINGS FL 33067			Mailing Address 5758 N.W. 48TH COURT CORAL SPRINGS FL 33067		
2. Principal Place of Business Coral Springs FL		3. Mailing Address 5758 N.W. 48 Ct.			
Suite, Apt. #, etc. (Same)		Suite, Apt. #, etc. (Same)			
City & State Coral Springs		City & State FL			
Zip 33067	Country Broward	Zip 33067	Country Broward	4. FEI Number 75-3189563	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GAIDE, KEVIN 5758 N.W. 48TH COURT CORAL SPRINGS FL 33067			7. Name and Address of New Registered Agent Name N/A 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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEVIN GAIDE 5758 NW 48th Ct. CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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: 			Date: 8/11/05 954-255 1222		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		