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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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05 MAY -4 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300037425

01192005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000008571

1. Entity Name
SHAND'S TRUCKING LLC

Principal Place of Business	Mailing Address
4758 PIEDMONT CT ORLANDO, FL 32811 US	4758 PIEDMONT CT ORLANDO, FL 32811 US

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

4. FEI Number 20-0653727 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOMPKINS, BOOKER T
3820 ECCLESTON STREET
ORLANDO, FL FL

7. Name and Address of New Registered Agent

Name: Keith A. Shand
Street Address (P.O. Box Number Is Not Acceptable): 4758 Piedmont Ct.
City: Orlando FL Zip Code: 32811

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: Keith Shand DATE: 4/14/05
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BOOKER TEE TOMPKINS, 3820 ECCLESTON STREET ORLANDO, FL 32806 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Keith Shand 4758 Piemont Ct ~~Orlando, FL 32811~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Keith Shand 4758 Piemont Ct Orlando, FL 32811 ☒ Change ☒ Addition
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: Keith Shand Keith Shand 4/14/05 4/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #