


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90037 049 ****55.00

DOCUMENT # L04000009286	
1. Entity Name RICHARDSON'S TRUCKING, LLC	

Principal Place of Business 5649 GRINDSTONE LOOP WESLEY CHAPEL, FL 33544	Mailing Address 5649 GRINDSTONE LOOP WESLEY CHAPEL, FL 33544
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14002202



2. Principal Place of Business 1722 Regal Mist Loop Suite, Apt. #, etc.	3. Mailing Address 1722 Regal Mist Loop Suite, Apt. #, etc.
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01112005 Chg-LLC CR2E083 (10/03)

City & State TRINITY FLORIDA	City & State TRINITY FL
Zip 34655	Country PASCO
Zip 34655	Country PASCO

4. FEI Number 59-3783292	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RICHARDSON, MARK 5649 GRINDSTONE LOOP WESLEY CHAPEL, FL 33544

7. Name and Address of New Registered Agent Name: RICHARDSON, MARK Street Address (P.O. Box Number is Not Acceptable) 1722 Regal Mist Loop City: TRINITY FL Zip Code: 34655
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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 Signature, typed or printed name of registered agent and title if applicable.	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, MARK 5649 GRINDSTONE LOOP WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, MARK 1722 REGAL MIST LOOP TRINITY, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 4/19/05	Daytime Phone #: 727 967 3530
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		