2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000011459

1. Company Name
J TRUCKING LLC

Principal Place of Business
WEST PENIEL ROAD
PALATKA FL 32177
US

Mailing Address
589 WEST PENIEL ROAD
PALATKA FL 32177
US

2. Principal Place of Business: HOME RESIDENT — SAME AS ABOVE
Suite, Apt #, etc.
City & State: PALATKA, FL. 32177
Zip: 32177 Country: USA

3. Mailing Address: 589 W. PENIEL RD
Suite, Apt. #, etc.
City & State
Zip
Country

1st MOORE CR2E083 (10/05)

4. FEI Number: 47-0937837 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
HERNANDEZ, CARLOS M
589 W PENIEL ROAD
PALATKA FL 32177

7. Name and Address of New Registered Agent
Name: SAME
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: [signature] 01-20-06
Signature, typed or printed name of registered agent and title if applicable (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		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: HERNANDEZ, CARLOS M STREET ADDRESS: 589 W PENIEL ROAD CITY-ST-ZIP: PALATKA FL 32177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000397923 01/30/06-80070-010 55.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 01-20-06 386-937-600