2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L04000013575 * Mar 21, 2006 08:00 AN 1. Entity Name **Secretary of State** K-BAR TRUCKING, L.L.C. Principal Place of Business Mailing Address 6286 NE ROCKY FORD ROAD 6286 NE ROCKY FORD ROAD MADISON FL 32340 MADISON FL 32340 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 20-0817859 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRING, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 6286 NE ROCKY FORD ROAD MADISON FL 32340 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS (MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HERRING, KENNY STREET ADDRESS STREET ADDRESS 6286 NE ROCKY FORD ROAD U00000476248 04/06/<u>06-800</u>01<u>-025 50.00</u> CITY-ST-ZIP CITY-ST-ZIP MADISON FL 32340 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY -ST-ZIP ☐ Change THUE ☐ Delete TOTLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-19-06