

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000013575**

1. Entity Name

K-BAR TRUCKING, L.L.C.



Principal Place of Business

6286 NE ROCKY FORD ROAD  
MADISON FL 32340

Mailing Address

6286 NE ROCKY FORD ROAD  
MADISON FL 32340



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-0817859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRING, KENNETH C  
6286 NE ROCKY FORD ROAD  
MADISON FL 32340

Name

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, 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, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME: MGRM ☐ Delete  
HERRING, KENNY  
STREET ADDRESS: 6286 NE ROCKY FORD ROAD  
CITY-ST-ZIP: MADISON FL 32340

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition  
U000000668220  
03/27/07-80018-020 50.00

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
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TITLE  
NAME: ☐ Delete  
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CITY-ST-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
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.

**SIGNATURE:** Kenny Herring Kenny Herring 3-9-07 850 464-1136

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

Date

Daytime Phone #