2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)				FILED Apr 12, 2006 08:00 AM		
1. Entity Nar		4007	672	Secretary of State		
S&C HAL	L HAULING LLC			7		
Principal Place of Business 4516 KEY WOODLEY DR S JACKSONVILLE FL 32218		Mailing Address 4516 KEY WOODLEY DR \$ JACKSONVILLE FL 32218		3 MARINEN AN ARIN ENGLISHEN DEUL CENTU CENTU		
2. Principal f	Place of Business	3. Mailing Address				
Suite, Apt, #, etc.		Suite, Apt. #, etc.		1st MOORE CR	2E083 (10/05)	
City & State		City & State		4. FEI Number 20-0927606		olied For
Zip	Country Zip Co		Country	5. Certificate of Status Desired	\$5.00 Addit	tional
6. Name and Address of Current Registered Agent				7. Name and Address of New Regis	tered Agent	
124	RDHAM, SCOTT B 1 S MCDUFF AVE CKSONVILLE FL 32205		Name Street Address	s (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	
	e named entity submits this statementions of registered agent.	nt for the purpose of changing it	s registered office or regist	tered agent, or both, in the State of Florida.	. I am familiar with, a	and accept
SIGNATURE						
	Signature, typed or printed name of registered a	agent and title if applicable. (NO	E Registered Agent signature requir	rad when resistating)	DATÉ	<u> </u>
		Make Check Payat	OW)]] FEE IS \$50.00 lie to Florida Departm le By May 1, 2006	l		
9.	ARANIA CIRIO AC	MBERS/MANAGERS	10.	ADDITIONS/CHA	INCED	
TITLE	MGR	Oelete	TIFLE	ADDITIONS/CHA	Change	Addition
NAME	HALL, STEVEN W	C OCICIE	NAME		visings	
STREET ADDRESS	4516 KEY WOODLEY DR S		STREET ADDRESS			
CITY-SI-ZIP	JACKSONVILLE FL 32218	·	CITY-ST-ZIF			
TALE		Oelete	TITLE		☐ Change	Addition Addition
NAME STREET ADDRESS	}		NAME STREET ADDRESS			
CITY-ST-ZIP			CITY -ST-ZIP			
TITLL		☐ Delete	!\TLE		☐ Change	Addition
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITCE NAME		☐ citatge	ווטוומטא 🗀
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY · ST - ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
name Street address			name Street address			
CITY-ST-ZIP			CITY-ST-ZIP			
	certify that the information supplied	with this filling does not qualify		ped in Section 119, Florida Statutes, I furth	er certily that the inf	formation

Indicated on this report is five 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.

4/10/06 4904)768-8886